

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 011 ***150.00

0653355 AT

DOCUMENT # P00000088976

1. Entity Name

A-PLUS PROPERTY SOLUTIONS, INC.



Principal Place of Business

2201 LONG PRAIRIE ROAD
SUITE 107 PMB 163
FLOWER MOUND TX 75022

Mailing Address

2201 LONG PRAIRIE ROAD
SUITE 107 PMB 163
FLOWER MOUND TX 75022

2. Principal Place of Business

3900 CONSOLVO DR

Suite, Apt. #, etc.

3. Mailing Address

3900 CONSOLVO DR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FLOWER MOUND, TX

Zip
75022

Country
USA

City & State

FLOWER MOUND, TX

Zip
75022

Country
USA

4. FEI Number

59-3674730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAZZONE, ROBERT A
920 FIELD STREET
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSC
NAME FAZZONE, ROBERT A
STREET ADDRESS 2201 LONG PRAIRIE ROAD STE 107 PMB 163
CITY-ST-ZIP FLOWER MOUND TX 75022 ☐ Delete

TITLE VTD
NAME FAZZONE, CAROL S
STREET ADDRESS 2201 LONG PRAIRIE ROAD STE 107 PMB 163
CITY-ST-ZIP FLOWER MOUND TX 75022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3900 CONSOLVO DR
CITY-ST-ZIP FLOWER MOUND, TX 75022 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 3900 CONSOLVO DR
CITY-ST-ZIP FLOWER MOUND, TX 75022 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT A. FAZZONE, Pres 4/30/03 972-691-1404

CR2E034 (10/02)