2001 UNIFORM BUSINESS REPORT (UBR)

May 24, 2001 8:00 am DOCUMENT # P01000001108 Secretary of State 1. Entity Name 05-03-2001 90982 027 ***150.00 AP SOLUTIONS, INC. Principal Place of Business Mailing Address C/O JEFFREY E. CAMPION, P.A. C/O JEFFREY E. CAMPION, P.A. 644 S F ATH AVENUE 644 S E 4TH AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business 3500 N. Style Rd. 7 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 50,76 4. FEI Number 65-106 7572 City & State Applied For Not Applicable \$8.75 Additional Zio. Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPION, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 644 S E 4TH AVENUE FORT LAUDERDALE FL 33301 Clty Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Andres Andrew 3500 N. State Rd 2, Change Delete TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS Es. Lauderdale, fl 33319 CITY-ST-ZIP CITY-ST-ZIP ice Prasidona ☐ Change ____Addition TITLE TITLE ☐ Delete Robinson Romero NAME NAME 644 SE 473 50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Ft. Laudelden ____Addition TITLE ☐ Delete TITLE Gloy David NAME MAME STREET ADDRESS 644 SE 4 54. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Laude Colle, SI Secretary And Nilo ☐ Change - Addition TITLE ☐ Delete TITLE NAME NAME 3500 N. State Rd. 7, Suite STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Laureldske FL TITLE ☐ Ociete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Jeff Campion, Special Smethly 4/27/01

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