

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90094 024 ***158.75

DOCUMENT # P01000028502

1. Entity Name
APOLLO EXECUTIVE SUITES, INC.

Principal Place of Business
5692 STRAND COURT, SUITE 3
NAPLES FL 34110

Mailing Address
5692 STRAND COURT, SUITE 3
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5672 STRAND COURT

SUITE 1

NAPLES FL

FL

4. FEI Number

65-1093969

Applied For

Not Applicable

34110

USA

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|-----------------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PRESIDENT, DIRECTOR |
| STREET ADDRESS | ROBERT S. HARDY |
| CITY-ST-ZIP | 5692 STRAND CT #3 |
| | NAPLES FL 34110 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIRECTOR |
| STREET ADDRESS | ROBERT PAUL HARDY |
| CITY-ST-ZIP | 5692 STRAND CT #1 |
| | NAPLES FL 34110 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SECRETARY |
| STREET ADDRESS | JANET KELLY |
| CITY-ST-ZIP | 5672 STRAND CT #1 |
| | NAPLES FL 34110 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TREASURER |
| STREET ADDRESS | JANET KELLY |
| CITY-ST-ZIP | 5672 STRAND CT #1 |
| | NAPLES FL 34110 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VICE PRESIDENT, DIRECTOR |
| STREET ADDRESS | CHARLES BERGREN |
| CITY-ST-ZIP | 340 HORSE CREEK DRIVE, STE 303 |
| | NAPLES FL 34110 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

SIGNATURE:

JANET KELLY
Treasurer

1/25/02 (941) 597-9888
Date Daytime Phone #

CR2E034 (9/01)