FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087937

FILED
03 AUG 20 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

APEX EXECUTIVE PROPERTIES, INC

DO NOT WRITE IN THIS SPACE

300022630618
08/28/03--01009--030 **300.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 GUNN HWY	3750 GUNN HWY
Suite, Apt. #, etc. 3B	Suite, Apt. #, etc. 3B
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33624 Country USA	Zip 33624 Country USA

4. FEI Number 59-3743448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name KEITH LUTZ

Street Address (P.O. Box Number is Not Acceptable) 3750 GUNN HWY

STE 3B

City TAMPA FL Zip Code 33624

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	KEITH LUTZ
STREET ADDRESS	3750 GUNN HWY, STE 3B
CITY-ST-ZIP	TAMPA, FL 33624

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ KEITH LUTZ 813 963 0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #