

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90860 029 \*\*\*150.00

**DOCUMENT # P01000104569**

1. Entity Name

**APOPKA VENTURES, INC.**

Principal Place of Business

2699 LEE ROAD SUITE 540  
WINTER PARK FL 32789

Mailing Address

2699 LEE ROAD SUITE 540  
WINTER PARK FL 32789

2. Principal Place of Business

1501 W. COLONIAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1501 W. COLONIAL DRIVE

Suite, Apt. #, etc.

City & State  
ORLANDO, FLCity & State  
ORLANDO, FLZip  
32804Country  
USAZip  
32804Country  
USA

4. FEI Number

59-3753762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G ESQ  
2699 LEE ROAD SUITE 540  
WINTER PARK FL 32789

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.

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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, REINHARD G	
STREET ADDRESS	2699 LEE ROAD SUITE 540	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, REINHARD G	
STREET ADDRESS	2699 LEE ROAD SUITE 540	
CITY-ST-ZIP	WINTER PARK FL 32789	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT, V-PRES, SEC, TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN LANDOW	
STREET ADDRESS	1501 W. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32804	

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

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

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

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

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 407 363-9565

CR2E034 (9/01)