

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 14 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| DOCUMENT # 1. Entity Name APTUS Corporation 001 000112957 | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 11521 Reames Road Suite, Apt. #, etc. Suite 102 City & State Charlotte, North Carolina Zip 28269 Country U.S.A. | | 3. Mailing Address 11521 Reames Road Suite, Apt. #, etc. Suite 102 City & State Charlotte, North Carolina Zip 28269 Country U.S.A. | |
| | | 4. FEI Number 26-0010299 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent | |
| | | Name Corporation Service Company | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | |
| | | City Tallahassee | FL Zip Code 32301 |
| 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 _____ (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. <input type="checkbox"/> (See criteria on back) | | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | |
| | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Director, CEO, Treasurer, and Secretary Scott Taylor Dill Sr. 10223 Lasaro Way Huntersville, North Carolina 28078 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President Thomas C. Miller 1541 CR 309 Georgetown, Florida 32139 | | |
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| 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u>Scott Taylor Dill Sr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 4/24/02 (704) 509-0108 Date Daytime Phone # | |

CR2E034B (12/01)