

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90137 043 ***150.00

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FP

DOCUMENT # P02000026849

1. Entity Name
A.P.Y. OUTDOOR SERVICES, INC.



Principal Place of Business
**6647 HOLLY HILL ROAD
MELROSE FL 32666**

Mailing Address
**6647 HOLLY HILL ROAD
MELROSE FL 32666**

11029807



2. Principal Place of Business
414 SE 2ND AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 121
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MELROSE, FL.
Zip
32666 Country
US

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Zip
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4. FEI Number
03-0395125
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARTIN, MARK D
6647 HOLLY HILL ROAD
MELROSE FL 32666**

7. Name and Address of New Registered Agent
Name
MARTIN, MARK D.
Street Address (P.O. Box Number is Not Acceptable)
414 SE 2ND AVE
City
MELROSE FL Zip Code
32666

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, MARK D 6647 HOLLY HILL ROAD MELROSE FL 32666 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, MARK D. 414 SE 2ND AVE MELROSE, FL. 32666 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark D. Martin** / **MARK D. MARTIN** 4/28/03 352-475-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)