**FILED** 

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90069 019 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR P02000029925 **DOCUMENT #** 1. Entity Name

APH PRO-SPONSOR, INC.



Principal Place of Business 4 BENTWOOD ROAD PALM BEACH GARDENS FL 33418		Mailing Address 4 BENTWOOD ROAD PALM BEACH GARDENS FL 33418		) (BENNER) III BENG IIBN BON DONG BON DONG BONG IBNG BONG BONG BONG
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	0106545// Not Applicable  5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current	Registered Agent	I	Fee Required 7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Name Street	
TALLAHASSEE FL 32301				BENT WOOD KORD
8 The above	named ontity submits this state		Pa	M BEACH GARDENS FL ZIPSONS 418
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 SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OAE  OAE				
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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HOLLIS, EARL A III 4 BENTWOOD ROAD PALM BEACH GARDENS FL 3341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ,	SATITLE TO A TO	Change · Addition

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: