

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90160 036 ***150.00

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DOCUMENT # P02000053912

1. Entity Name
**APOLLO PLUMBING, ELECTRICAL & HARDWARE SUPPLY, I
NC**



Principal Place of Business

**1503 7TH STREET. SW
RUSKIN FL 33707**

Mailing Address

**1503 7TH STREET. SW
RUSKIN FL 33707**

2. Principal Place of Business

1503 7th St. S.W

3. Mailing Address

1503 7th St. S.W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ruskin, Florida

City & State
Ruskin, Florida

Zip
33570

Country
U.S.

Zip
33570

Country
U.S.

4. FEI Number

04-3664468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANKS, DEBORAH Z
1503 7TH STREET, SW
RUSKIN FL 33707**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
33570

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

Deborah Z. Danks / President

2/5/03

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
**D
DANKS, DEBORAH Z
1503 7TH STREET, SW
RUSKIN FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANKS, ALAN D SR.
1503 7TH STREET, SW
RUSKIN FL 33707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

**(813)
645-3048**

Daytime Phone #

CR2E034 (10/02)

Attachment 10019014
Doc. # P02000053912

The zip code on
this form is
Incorrect
listed as
33707
Should be
33570