

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

05-20-2003 90068 043 ***150.00

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DOCUMENT # P02000076690

1. Entity Name
AP EXPRESS, INC



Principal Place of Business
1220 S. ST RD. 436
ALTAMONTE SPRINGS FL 32714

Mailing Address
2400 PLEASANT DR.
LONGWOOD FL 32779



2. Principal Place of Business
1220 WEST ST RD. 436
Suite, Apt. #, etc.

3. Mailing Address
2400 PLEASANT PR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES.

City & State
ALTAMONTE SPRINGS FLORIDA
Zip
32714
Country
U.S.A.

City & State
LONGWOOD FLORIDA
Zip
32779
Country
U.S.A.

4. FEI Number **90-005-1957**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **ANASTAS ANASTASOV**
Street Address (P.O. Box Number is Not Acceptable)
2400 PLEASANT PR.
City **LONGWOOD** FL Zip Code **32779**

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 *Anastas Anastasov* DATE 05/12/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ANASTASOV, ANASTAS**
STREET ADDRESS **2400 PLEASANT DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Anastas Anastasov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/03
Date

321-436-2894
Daytime Phone #

CR2E034 (10/02)

Attachment

90136808

El Po 2000076690

A.P. EXPRESS INC.
1220 WEST S/R 436
ALTAMONTE SPRINGS
FLORIDA 32714

TO WHOM IT MAY CONCERN

I WISH TO APOLOGIZE FOR FILING THIS REPORT AFTER THE DUE DATE

THE REASON FOR THIS IS THAT I WAS NOT FAMILIAR WITH THIS REPORT

AND I DID NOT REALIZE THE SERIOUS CONSEQUENCES INVOLVED

PLEASE WAIVE THE PENALTY FEES AND I ASSURE YOU THAT THIS WILL

NEVER HAPPEN AGAIN .

YOURS RESPECTFULLY

Anastas Anastasov
ANASTAS ANASTASOV