

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91879 010 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000078624

1. Entity Name
APEX MERCHANT SOLUTIONS, INC.



Principal Place of Business
821 E BUCHANON AVE
ORLANDO, FL 32809

Mailing Address
821 E BUCHANON AVE
ORLANDO, FL 32809

44003670

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3704952

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST STE 1
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

DARREL WEST

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

5449 S. SEMINOLE BLVD, STE 20

City

ORLANDO

FL

Zip Code

32822

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]

DARREL WEST

4-30-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent is limited liability company when retaining)

DATE

FILE NO. WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$50.00
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	D	☒ Delete
NAME	MCDONNELL, MICHAEL N	
STREET ADDRESS	1116 OSCELOT TR	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	☐ Delete
NAME	BLUDWORTH, KERRY	
STREET ADDRESS	448 LONG PINE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 507, 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] DARREL WEST

4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)