2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90316 032 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000041165

1. Entity Name
APOLLO TRANSPORTATION OF ORLANDO, INC.

Principal Place of Business	Mailing Address
375 WEST 7 STREET ORLANDO FL 32824 US	375 WEST 7 STREET ORLANDO FL 32824 US

2. Principal Place of Business	3. Mailing Address
1863 Taft Vineland Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO, FL	
City & State	City & State
Zip 32837 Country USA	Zip Country

4. FEI Number 59-3191099 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELUCCI, FRANK L
11712 FRUBISHER CT
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: FRANK P. DELUCCI
Street Address (P.O. Box Number is Not Acceptable): 14341 ISLAMORADA DR
City: ORLANDO, FL Zip Code 32837

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.

SIGNATURE [signature] 4/11/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELUCCI, FRANK P 11712 FRUBISHER COURT ORLANDO FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK P. DELUCCI 14341 Islamorada Dr ORLANDO FL 32837	☑ 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/11/01 (407) 240-7433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)