

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90841 003 \*\*\*150.00

**DOCUMENT # P93000066525**

1. Entity Name  
**APEX ACCOUNTANTS & CONSULTANTS, INC.**



Principal Place of Business  
~~230 SW PAGODA TERR~~  
~~PORT ST LUCIE FL 34984~~  
US

Mailing Address  
~~230 SW PAGODA TERR~~  
~~PORT ST LUCIE FL 34984~~  
US

2. Principal Place of Business  
**3685 S.W. THURBER PLACE**

3. Mailing Address  
**3685 S.W. THURBER PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM CITY, FL**

City & State  
**PALM CITY, FL**

Zip  
**34990**

Country

Zip  
**34990**

Country

4. FEI Number **65-0438052**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORAN, MICHAEL C**  
~~230 SW PAGODA TERRACE~~  
~~PORT ST LUCIE FL 34984~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3685 S.W. THURBER PLACE**

City **PALM CITY**

FL

Zip Code **34990**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **MORAN, MICHAEL C**  
STREET ADDRESS ~~230 SW PAGODA TERRACE~~ **3685 SW THURBER PL**  
CITY-ST-ZIP ~~PORT ST LUCIE FL 34984~~ **PALM CITY FL 34990**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**  
NAME **MORAN, ELLEN C**  
STREET ADDRESS ~~230 SW PAGODA TERRACE~~  
CITY-ST-ZIP ~~PORT ST LUCIE FL 34984~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

**2/25/03**

Date

**772-485-6548**

Daytime Phone #

CR2E034 (10/02)