

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000087413

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

**Entity Name:** APOLLO BUSINESS COMPUTERS AND DATA COMMUNICATIONS, INC.

**Current Principal Place of Business:**

877 NW 61 ST  
FT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

877 NW 61 ST  
FT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number:** 65-0464798      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MYERS, KIMBERLY  
877 NW 61ST STREET  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MYERS, KIMBERLY  
Address: 877 NW 61ST ST  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MYERS

PD

04/19/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date