

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90201 008 ***150.00

DOCUMENT # P94000013335

1. Entity Name
API ENTERPRISES, INC.

Principal Place of Business
**FISHING LAKE DR
 FL 33556**

Mailing Address
**1309 FISHING LAKE DR
 ODESSA FL 33556-4008**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3225666**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FAIRBANKS, CYNTHIA M
 1309 FISHING LAKE DR
 ODESSA FL 33556**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Cynthia M. Fairbanks* **2000 Feb 27**
 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, 2000 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|----------------------|-----------------|--------------------------|
| D | UPCAVAGE, ROBERT J | 1309 FISHING LAKE DR | ODESSA FL 33556 | <input type="checkbox"/> |
| D | FAIRBANKS, VANCE D | 1309 FISHING LAKE DR | ODESSA FL 33556 | <input type="checkbox"/> |
| D | FAIRBANKS, DENISE M | 1309 FISHING LAKE DR | ODESSA FL 33556 | <input type="checkbox"/> |
| D | FAIRBANKS, CYNTHIA M | 1309 FISHING LAKE DR | ODESSA FL 33556 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE | ADDITION |
|-------|------|----------------|-------------|-------------------------------------|--------------------------|
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Cynthia M. Fairbanks* **2000 Feb 27** (813) 926-1522
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)