2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P94000062464** 1. Entity Name APM CONSTRUCTION CORP. 04-12-2000 90068 007 ***150.00 Principal Place of Business Mailing Address 100 CESSNA BLVD. 100 CESSNA BLVD SUITE F SUITE F DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124-6933 US 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3226792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLOSKA, JAMES 2054 Country Club Dr. Daytona beach, Fi Street Address (P.O. Box Number is Not Acceptable) 1833 WILEY POST TRAIL DAYTONA BEACH FL 32124 City Zip Code FI 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (00/0/ **C**hange Addition ☐ Delete TITLE TITLE PLOSKA, JAMES NAME NAME CROFORA STREET ADDRESS 1833 WILEY POST TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTON BEACH FL 32124 Change Addition TITLE ☐ Defete TITLE 2054 Courtry Club Drive PLOSKA, STEPHANE NAME NAME STREET ADDRESS 1833 WILEY POST TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DAYTON BEACH FL 32124 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 all other like empowered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

04.00.00

904-761-7880

Daytime Phone #

Change

Change

Addition

☐ Addition