

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071915

1. Entity Name

APOLLO INTERNATIONAL, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90001 038 ***150.00

Principal Place of Business

Mailing Address

7479 PARK SPRINGS CR
ORLANDO FL 32835
US

5100 OLD HOWELL BRANCH ROAD
WINTER PARK FL 32792-9310
US

00026413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

717 Altaloma Ave -

717 Altaloma Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32803

USA

32803

USA

4. FEI Number

59-3298980

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIU, RACHEL
5100 OLD HOWELL BRANCH RD
WINTER PARK FL 32792

Name

Brenda Ellwood

Street Address (P.O. Box Number is Not Acceptable)

2601 Wells Ave. #141

City

Fernpark

FL

Zip Code

32730

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME VPD
STREET ADDRESS PALMER, RAY
CITY-ST-ZIP 2600 MAITLAND CTR. PKWY. STE. 162
MAITLAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS WU, MARTIN
CITY-ST-ZIP 7479 PARK SPRINGS CR
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS WU, AMY
CITY-ST-ZIP 7479 PARK SPRINGS CR
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: x

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

CR2E034 (9/99)