

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90049 045 \*\*\*150.00

DOCUMENT # **744000084741** ✓  
1. Entity Name  
**APOLLO South Corporation**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7725 N.W. 128<sup>th</sup> AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1376**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Parkland, FL**  
Zip  
**33076**  
Country  
**USA**

City & State  
**Boca Raton, FL**  
Zip  
**33429**  
Country  
**USA**

4. FEI Number  
**65-0538817**  
Applies For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Leslie M. Simmons**  
Street Address (P.O. Box Number is Not Acceptable)  
**7725 N.W. 128<sup>th</sup> AVE**  
City  
**Parkland** FL Zip  
**33076**

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 is Not Acceptable) (Typed or Printed Name of Registered Agent is Not Acceptable) (Typed or Printed Name of Registered Agent is Not Acceptable)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
**PRESIDENT**  
NAME  
**Leslie M. Simmons**  
STREET ADDRESS  
**599 S.W. 15<sup>th</sup> ROAD**  
CITY-STATE-ZIP  
**BOCA RATON, FL 33432**

TITLE  
**PRESIDENT**  
NAME  
**Leslie M. Simmons**  
STREET ADDRESS  
**7725 N.W. 128<sup>th</sup> AVE**  
CITY-STATE-ZIP  
**PARKLAND, FL 33076**

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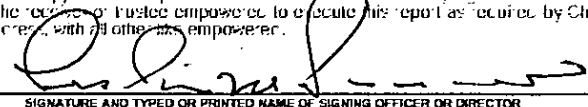
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and 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 on an attachment with an acknowledgment with full officer or director empowerment.

SIGNATURE:  **Leslie M. Simmons 4/29/02 954-340-5591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)