2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

US

500 S.E. SIXTH STREET

SUITE 100 - JAY MARK BLDG.

FORT LAUDERDALE FL 33301

P94000087597 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SUITE 100 - JAY MARK BLDG.

FORT LAUDERDALE FL 33301

2. Principal Place of Business

500 S.E. SIXTH STREET

Suite, Apt. #, etc.

GOUZE, PHILIP J

500 S.E. SIXTH STREET SUITE 100 - JAY MARK BLDG. FORT LAUDERDALE FL 33301

City & State

Zip

SIGNATURE

APS HOLDINGS INTERNATIONAL, INC.

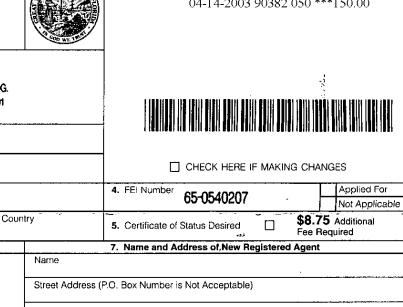
Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

FILED Apr 14, 2003 8:00 am \$ Secretary of State ,

04-14-2003 90382 050 ***150.00



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. I am familiar with, and accept the obligations of registered agent.

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

DATE

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE SCHMIDT, ANTHONY P JR. NAME NAME **1434 AUTUMN TRAIL** STREET ADDRESS STREET ADDRESS WEST BRANCH MI 48661 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP--☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TiT) F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

April 10, 2003

(954) 463-2995

Daytime Phone #