

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90038 007 ***150.00

DOCUMENT # P95000008453

1. Entity Name
APEX AVIATION, INC.

Principal Place of Business
**8365 S.E. DOUBLE TREE DRIVE
HOBE SOUND FL 33455**

Mailing Address
**8365 S.E. DOUBLE TREE DRIVE
HOBE SOUND FL 33455**

00036845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2003 SE Airport Rd
Suite, Apt. #, etc.

3. Mailing Address
3269 SE SLATER ST
Suite, Apt. #, etc.

City & State
STUART FL

City & State
STUART FL

4. FEI Number
65-0555815

Applied For
Not Applicable

Zip
34996

Country
MARTIN

Zip
34997

Country
MARTIN

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

**PECK, ARTHUR C
8365 S.E. DOUBLE TREE DRIVE
HOBE SOUND FL 33455**

Name
MADAI C GIRARD
Street Address (P.O. Box Number is Not Acceptable)
3269 SE SLATER ST
City
STUART FL Zip Code
34997

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 **Madaï Girard - Madaï Girard**
Signature, typed or printed name of registered agent and title if applicable.

3-12-01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD PECK, ARTHUR C 8365 SE DOUBLE TREE DR HOBE SOUND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GIRARD, GARY 3801 SW Bimini Cir N PAU City, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHIA, ALBERTO DE LA CASA Aries 100 mts N 100 mts O CASA esguinera blanca A mano izque-da SAN JOSE COSTA RICA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec D/T Girard, Madaï 3801 SW Bimini Cir N PAU City, FL 34992	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Madaï Girard - Dir**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 **561-220-6777**
Date Daytime Phone #

CR2E034 (10/00)