

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020059

1. Entity Name

APOLLO FINANCIAL CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90028 012 ***150.00

Principal Place of Business

212 APOLLO BEACH BLVD
B
APOLLO BCH FL 33572
US

Mailing Address

6544 NO. U.S. HIGHWAY 41
APOLLO BEACH FL 33572-1707

2. Principal Place of Business

6542 N. U.S. Hwy 41

Suite, Apt. #, etc.

114-A

City & State

Apollo Beach, Fl.

Zip

33572

Country

Hillsborough

3. Mailing Address

6542 N. U.S. Hwy 41

Suite, Apt. #, etc.

114-A

City & State

Apollo Beach, Fl.

Zip

33572

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3320195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, CAROL D
6544 NO. U.S. HIGHWAY 41
SUITE 122-B
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

Carol D. Greene

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

6542 N. U.S. Hwy 41

Suite 114-A

City

Apollo Beach

FL

Zip Code
33572

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

Carol D. Greene

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GREENE, CAROL D
CITY-ST-ZIP 1018 SILVER PALM WAY
APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDERSEN, WAYNE J
CITY-ST-ZIP 1018 SILVER PALM WAY
APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Carol D. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

8736417224

Daytime Phone #

CR2E034 (9/99)