

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020059

1. Entity Name
APOLLO FINANCIAL CORPORATION

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90009 033 ***150.00

Principal Place of Business

6542 NORTH U.S. HWY 41
114-A
APOLLO BCH FL 33572
US

Mailing Address

6542 NORTH U.S. HWY 41
114-A
APOLLO BCH FL 33572
US

2. Principal Place of Business

118 FLAMINGO DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

APOLLO BEACH

Zip

33572 USA

Zip

Country

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

7. Name and Address of New Registered Agent

GREENE, CAROL D
6542 NORTH U.S. HWY 41
SUITE 114-A
APOLLO BEACH FL 33572

Name

GREENE, CAROL D.

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

108 FLAMINGO DR.

STE 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

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, 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 ☐ Delete
NAME D
STREET ADDRESS GREENE, CAROL D
CITY-ST-ZIP 1018 SILVER PALM WAY
APOLLO BEACH FL 33752

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDERSEN, WAYNE J
CITY-ST-ZIP 1018 SILVER PALM WAY
APOLLO BEACH FL 33752

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 813-641-7224

Date

Daytime Phone #

CR2E034 (10/00)