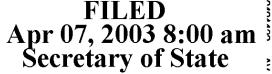
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000049938 DOCUMENT # 1. Entity Name



04-07-2003 90737 006 ***150.00

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A.P. MAR CORPORATION Principal Place of Business Mailing Address 101 CORONADO DRIVE 101 CORONADO DRIVE CLEARWATER FL 34630 CLEARWATER FL 34630 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3370132 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKOPOULOS, ANTONIOS Street Address (P.O. Box Number is Not Acceptable) 100 CORONADO DR CLEARWATER FL 34630 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition MARKOPOULOS, ANTONIOS NAME NAME 630 HARBOR 1 S. STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34630** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete 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 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplier antal report is true and accurate and that my signature shall have the same (egal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tuning 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 a language with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR