2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000033347

GIORDANO, LUANN

ORLANDO, FL 32809

1730 DIPLOMACY ROW

Name:

Address: City-St-Zip:

Apr 18, 2002 8:00 AM Secretary of State

Entity Name: APOLLO FINANCIAL & CONSULTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1730 DIPLOMACY ROW ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 1730 DIPLOMACY ROW ORLANDO, FL 32809 US FEI Number: 59-3387614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAILEY, LILBURN R III RAILEY, LILBURN R III 255 S ORANGE AVE 20 NORTH EOLA DRIVE SUITE 801 ORLANDO, FL 32801 ORLANDO, FL 32801 US 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: LILBURN R. RAILEY III 04/18/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DOUGHTERY, JOHN W Name: Name: 1730 DIPLOMACY ROAD Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: Title: () Delete () Change () Addition BRUMMETT, MARY ELIZABETH Name: Name: 8601 FAIRWAY BEND DRIVE Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN W. DOUGHERTY DP 04/18/2002