

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90077 031 ***150.00

DOCUMENT # P96000042145

1. Entity Name

APOGEE MARKETING GROUP, INC.

Principal Place of Business

**1545 MALLARD LANE
SARASOTA FL 34239
US**

Mailing Address

**1545 MALLARD LANE
SARASOTA FL 34239
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0670693

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SCHEER, JAMES P
1545 MALLARD LANE
SARASOTA FL 34239****7. Name and Address of New Registered Agent**

Name

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

City

FL

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.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SCHEER, JAMES P	
STREET ADDRESS	1545 MALLARD LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARD, JOSEPH W	
STREET ADDRESS	858 W ERIE ST #3W	
CITY-ST-ZIP	CHICAGO IL 60622	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAINT-CYR, DANIELE	
STREET ADDRESS	1545 MALLARD LANE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)