

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010647

1. Entity Name
APEX ENVIRONMENTAL ENGINEERING & COMPLIANCE, INC



FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90224 037 ***150.00

Principal Place of Business

933 LEE ROAD
SUITE 401
ORLANDO FL 32810
US

Mailing Address

933 LEE ROAD
SUITE 401
ORLANDO FL 32810
US

2. Principal Place of Business

6824 Hanging Moss Rd
Suite, Apt. #, etc.

3. Mailing Address

6824 Hanging Moss Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-3436291

Applied For
Not Applicable

Zip Country
32807-5327 USA

Zip Country
32807-5327 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, ROD E
933 LEE ROAD 6824 Hanging Moss Rd
~~SUITE 401~~
ORLANDO FL ~~32810~~ 32807-5327

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6824 Hanging Moss Rd
City Orlando FL Zip Code 32807

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] ROD VARGAS, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	VARGAS, ROD E	
STREET ADDRESS	933 LEE RD, SUITE 401	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PARENT, CHRIS D	
STREET ADDRESS	933 LEE RD, SUITE 401	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEORET, DENNIS R.	
STREET ADDRESS	6824 HANGING MOSS RD	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGAS, ROD E	
STREET ADDRESS	6824 HANGING MOSS RD.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	SR VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, CHRIS D	
STREET ADDRESS	6824 HANGING MOSS RD.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ROD VARGAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

2/4/03
Date

407.629-8180
Daytime Phone #

CR2E034 (10/02)