

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000024860**

1. Entity Name

APOLLO BEACH PROPERTIES, INC.**FILED****Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90069 045 ***150.00

0024920

Principal Place of Business
6412 HWY. 41 NORTH
APOLLO BEACH FL 33572

Mailing Address
6412 HWY. 41 NORTH
APOLLO BEACH FL 33572

1 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

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 59-3443269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHAGAN, RICHARD 6412 US HWY 41 N APOLLO BEACH FL 33572		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, 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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHAGAN, RICHARD L	NAME	
STREET ADDRESS	6412 US HWY 41 N	STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, JAMES M	NAME	
STREET ADDRESS	6412 US HWY 41 N	STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHAGAN, JUDITH D	NAME	
STREET ADDRESS	6412 US HWY 41 N	STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (10/00)