

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90083 025 ***150.00

DOCUMENT # P97000026722

1. Entity Name

AP INNOVATIONS, INC.

Principal Place of Business

223 LITHIA PINECREST RD.
BRANDON FL 33511
US

Mailing Address

223 LITHIA PINECREST RD.
BRANDON FL 33511
US

2. Principal Place of Business

240 WINDWARD PASSAGE

3. Mailing Address

PO BOX 3395

Suite, Apt. #, etc.

UNIT 404

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

USA

Zip

33767

Country

USA

4. FEI Number

59-3442203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, R. MICHAEL ESQUIRE
223 LITHIA PINEREST
BRANDON FL 33511

Name

R. MICHAEL DE LOACH ESQ.

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

1206 MILLENNIUM PARKWAY

SUITE 2001

City

BRANDON

FL

Zip Code

33511

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.

R. MICHAEL DE LOACH, RES. AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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

TITLE D
NAME MCCLAIN, THOMAS E
STREET ADDRESS 240 WINDWARD PASSAGE, UNIT 404
CITY-ST-ZIP CLEARWATER FL 34630

TITLE PST
NAME MCCLAIN, THOMAS E
STREET ADDRESS 240 WINDWARD PASSAGE, UNIT 404
CITY-ST-ZIP CLEARWATER FL 34630

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 33767

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. MCCLAIN JR. 1/18/2001 727-446-0450

Date

Daytime Phone #

CR2E034 (10/00)