

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054147

1. Entity Name

APPOLONEY CONSTRUCTION CO.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90025 047 ***150.00

Principal Place of Business

Mailing Address

26706 CHIANINA DRIVE
ZEPHYRHILLS FL 33544

26706 CHIANINA DRIVE
ZEPHYRHILLS FL 33544-3273

60014854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15529 US Hwy 301

P.O. Box 1736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

59-3452053

Applied For

Not Applicable

Zip
33523

Country
USA

Zip
33539

Country
USA

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

APPOLONEY, JAMES R JR
26706 CHIANINA DRIVE
ZEPHYRHILLS FL 33544

Name JAMES R. APPOLONEY JR

Street Address (P.O. Box Number is Not Acceptable)
2221 E Hwy 48

City BUSHNELL

FL

Zip Code 33513

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
APPOLONEY, JR., JAMES R
26706 CHIANINA DR
ZEPHYRHILLS FL 33544 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Add

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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 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 #

1-31-00 813-727-601