

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90110 021 \*\*\*550.00

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**DOCUMENT # P97000062984**

1. Entity Name  
**APB INVESTIGATIONS, INC.**

Principal Place of Business  
**163 OCEAN TERRACE**  
**ORMOND BEACH FL 32176**

Mailing Address  
**163 OCEAN TERRACE**  
**ORMOND BEACH FL 32176**

2. Principal Place of Business  
**250 NASSAU BOULEVARD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**250 NASSAU BOULEVARD**  
 Suite, Apt. #, etc.

City & State  
**GARDEN CITY, NY**  
 Zip  
**11530**  
 Country  
**USA**

City & State  
**GARDEN CITY, NY**  
 Zip  
**11530**  
 Country  
**USA**

4. FEI Number **59-3459118**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**GASPAR, JOHN**  
**163 OCEAN TERRACE**  
**ORMOND BEACH FL 32176**

**7. Name and Address of New Registered Agent**

Name **Joseph Vozza**

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

**250 Nassau Boulevard**

City **G**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME **P GASPAR, JOHN**  Delete  
 STREET ADDRESS **163 OCEAN TERR**  
 CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PRESIDENT**  Change  Addition  
 NAME **Joseph Vozza**  
 STREET ADDRESS **250 NASSAU BOULEVARD**  
 CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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:**

**Joseph Vozza**

**8/24/01**

**(516) 505-1555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)