

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90072 043 ***150.00

DOCUMENT # P98000000228

1. Entity Name
APTEC CORPORATION



Principal Place of Business
470 ANDALUSIA AVE
ORMOND BEACH FL 32174

Mailing Address
470 ANDALUSIA AVE
ORMOND BEACH FL 32174

2. Principal Place of Business

810 Fentress Ct
Suite, Apt. #, etc.
Ste 120

3. Mailing Address

810 Fentress Ct
Suite, Apt. #, etc.
Ste 120

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

32117

Country

USA

Zip

32117

Country

USA

6. Name and Address of Current Registered Agent

BADOVICK, JEFFREY P
810 FENTRESS COURT
DAYTONA BEACH FL 32117

4. FEI Number

59-3486705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **BADOVICK, JEFFREY P**
STREET ADDRESS **930 N HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **S** ☒ Delete
NAME **MORRIS, THOMAS G**
STREET ADDRESS **57 WINDRIFT COURT**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Todd Krawczyk**
CITY-ST-ZIP **4 Arcaro Ct.
Ormond Beach, FL 32174**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2003

Date

(386) 274-7114

Daytime Phone #

CR2E034 (10/02)