## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P98000039140 **DOCUMENT #**

1. Entity Name APOLLO ELECTRICAL SERVICES AND COMMUNICATIONS, I



01-06-2003 90001 016 \*\*\*150.00 Mailing Address Principal Place of Business Innanaza 4947 PALMETTO AVE. 4947 PALMETTO AVE. WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For City & State City & State 59-3553334 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIERRA, ROD Street Address (P.O. Box Number is Not Acceptable) 11032 SYLVAN POND CIRCLE ORLANDO FL 32825 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Change TITLE ☐ Delete TITLE NAME WYATT, DONALD A NAME STREET ADDRESS 8070 LAUREL RIDGE DR. STREET ADDRESS CITY-ST-ZIP MT. DORA FL 32725 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME SIERRA, RODRIGO A NAME STREET ADDRESS 14746 YORKSHIRE RUN DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 of the receiver of thustee empowered to execute this proof 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 addresse, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Delete

☐ Addition

Change

FILED

Jan 06, 2003 8:00 am

**Secretary of State**