

04-28-2003 91847 001 ***450.00
P98000062002

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 MAY 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062002

1. Entity Name
A-PLUS2 REAL ESTATE, INC.



Principal Place of Business
3645 N HWY US1
COCOA, FL 32922

Mailing Address
3645 N HWY US1
COCOA, FL 32922

2. Principal Place of Business
8698 COMMERCE ST

3. Mailing Address
170 FLAGLER LANE

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.
SUITE B

City & State
CAPE CANAVERAL, FL

City & State
COCOA BEACH, FL

4. FEI Number
59-3524289

Applied For
☐ Not Applicable

Zip
32920

Country
BREVARD

Zip
32931

Country
BREVARD

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

SCHULTZ, RICHARD T
3645 N HWY US1
COCOA, FL 32922

Name
RICHARD T. SCHULTZ
Street Address (P.O. Box Number is Not Acceptable)
170 FLAGLER LANE
SUITE B
City
CAPE CANAVERAL FL Zip Code
32931

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

Richard T. Schultz

DATE
April 21, 2003

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

(NOTE: Registered Agent Signature is required when entering)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D LOMBARDO, TERESA
520 WHISPERING PINES
MELBOURNE, FL 32940

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SCHULTZ, RICHARD T
170 FLAGLER LANE VILLA B
COCOA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
RICHARD T. SCHULTZ
170 FLAGLER LANE, SUITE B
COCOA BEACH, FL 32931
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RS/15
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Richard T. Schultz

DATE
April 21, 2003

321
781-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)