

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90283 004 ***150.00

0693174 FP

DOCUMENT # P98000064739

1. Entity Name
AP MILITARY GROUP, INC.



Principal Place of Business
**13005 BUOY COURT
HUDSON FL 34667
US**

Mailing Address
**1212 LITTLE RD
PMB 332
HUDSON FL 34667
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2115674**

Applied For
Not Applicable

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

**MC MENEMY, THOMAS J
13005 BUOY COURT
HUDSON FL 34667**

Name

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

12033 ALDENA AVE

City

HUDSON

FL

Zip Code
34667

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) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MC MENEMY, THOMAS J	
STREET ADDRESS	13005 BUOY CT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MC MENEMY, ANGELA	
STREET ADDRESS	12503 HITCHING PAST LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12121 LITTLE ROAD PMB 332	
STREET ADDRESS	HUDSON FL 34667	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12121 LITTLE ROAD PMB 332	
STREET ADDRESS	HUDSON FL 34667	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISTIN M DAVIS	
STREET ADDRESS	12121 LITTLE ROAD PMB 332	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTIN W DAVIS	
STREET ADDRESS	12121 LITTLE RD PMB	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 8 **SIGNATURE REQUIRED** **Thomas J McMenemy** **4/16/03** **727 963 3578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)