

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081506

1. Entity Name

APEX STRATEGIC MARKETING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90102 044 ***150.00

Principal Place of Business

Mailing Address

123 CELEBRATION BLVD.
CELEBRATION FL 34747

10 BOX 470506
CELEBRATION FL 34747-0506

2. Principal Place of Business

21 FLETCHER COURT

3. Mailing Address

21 FLETCHER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

Country

32137 US

Zip

Country

32137 US

4. FEI Number

59-3535670

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

INFANTE, RODNEY E
123 CELEBRATION BLVD.
CELEBRATION FL 34747

Name

LEWIS, CRAIG

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

21 FLETCHER COURT

City

PALM COAST

FL

Zip Code

32137

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

3-23-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, JARED M	
STREET ADDRESS	123 CELEBRATION BLVD.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INFANTE, RODNEY E	
STREET ADDRESS	123 CELEBRATION BLVD.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	LEWIS, C. CRAIG	
STREET ADDRESS	123 CELEBRATION BLVD.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, C. CRAIG	
STREET ADDRESS	21 FLETCHER CT	
CITY-ST-ZIP	PALM COAST, FL 32137	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

904-451-7778

Daytime Phone #

CR2E034 (9/99)