

# 2000 UNIFORM BUSINESS REPORT (UBR)

039552

DOCUMENT # P98000083107

1. Entity Name

AAPEX DISCOUNT MORTGAGE CORP.

FILED

00 FEB 21 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2020 WEST BRANDON BLVD. #140  
BRANDON FL 33511

Mailing Address

2020 WEST BRANDON BLVD. #140  
BRANDON FL 33511-4791

2. Principal Place of Business

3220 LITHA PINECREST

Suite, Apt. #, etc.

# 103

City & State

VALRICO FL

Zip

33594

Country

US

3. Mailing Address

3220 LITHA PINECREST

Suite, Apt. #, etc.

# 103

City & State

VALRICO FL

Zip

33594

Country

US



DO NOT WRITE IN THIS SPACE

3541814

4. FEI Number

59-2700181

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, ANTHONY G  
2024 WEST CLEVELAND STREET  
TAMPA FL 33606

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/00

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

☐

**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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROY	
STREET ADDRESS	2020 WEST BRANDON BLVD. #140	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ROY	
STREET ADDRESS	2020 WEST BRANDON BLVD. #140	
CITY-ST-ZIP	BRANDON FL 33511	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ROY WILLIAMS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3220 LITHA PINECREST # 103	
STREET ADDRESS	VALRICO FL 33594	
CITY-ST-ZIP		
TITLE	ROY WILLIAMS, President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3220 LITHA PINECREST RD	
STREET ADDRESS	VALRICO FL 33594	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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\*\*\*\*158.75 \*\*\*\*158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SP

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 all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00

813  
684-1111

CR2E034 (9/99)