2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000084041** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** APEX BUILDING CONTRACTOR, INC. 01-19-2000 90231 003 ***150.00 Principal Place of Business Mailing Address 3579 SOUTHWIND DRIVE 3579 SOUTHWIND DRIVE GULF BREEZE FL 32561 **GULF BREEZE FL 32561-1924** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 62-1755582 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 3579 SOUTHWIND DRIVE **GULF BREEZE FL 32561** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PTD Change TITLE TITLE ☐ Delete BROWN, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 3579 SOUTHWIND DRIVE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Change ☐ Addition TITLE Delete TITLE **BROWN, TAMMY** NAME NAME 3579 SOUTHWIND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment w

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01-12-00

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Daytime Phone #