2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P98000084041 1. Entity Name 04-10-2002 90451 032 ***150.00 APEX BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address 1357 WINDSOR PARK ROAD 1357 WINDSOR PARK ROAD **GULF BREEZE FL 32561** GULF BREEZE FL 32561 2. Principal Place of Business Park Rd 3. Mailing Address 1357 Windsor Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Breeze 4. FEI Number Applied For Breeze, 62-1755582 Not Applicable \$8.75 Additional Santa Rosa 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, KENNETH R 3579 SOUTHWIND DRIVE **GULF BREEZE FL 32561** [™]32°563 8. The above named ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) Change Addition TITLE PTD ☐ Delete TITLE Brown, Kenneth R. NAME Brown, Kenneth R NAME 1357 Windsor Park Rd. CR2E034 STREET ADDRESS STREET ADDRESS 1357 WINDSOR PARK ROAD Gulf Breeze, FL 32563 CITY-ST-7IP CITY-ST-7IP **GULF BREEZE FL 32561** Change Addition TITLE ☐ Delete TITLE Brown, Jammy NAME NAME BROWN, TAMMY 1357 Windsor Park Rd. STREET ADDRESS STREET ADDRESS 1357 WINDSOR PARK ROAD Bulf Breeze, FL 32563 CITY-ST-ZIE CITY-ST-ZIP GULF BREEZE FL 32561 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TIT! F ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if