

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005472

1. Entity Name

APACHE CONSTRUCTION, INC.

Principal Place of Business

2910 SPARTA RD
SEBRING FL 33870

Mailing Address

2910 SPARTA RD
SEBRING FL 33872-5388

2. Principal Place of Business

510 13TH AVE.

3. Mailing Address

510 13TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL.

City & State

SEBRING, FL

4. FFL Number

59-3138916

Applied For

Not Applicable

Zip 33872

Country U.S.

Zip 33872

Country U.S.

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

ELFERS, WILLIAM H
2910 SPARTA RD
SEBRING FL 33870

Name

MICHAEL M. DISLER

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

329 S. COMMERCE AVE.

City

SEBRING

FL

Zip Code

33870

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

Michael M. Disler

MICHAEL M. DISLER

3-9-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELFERS, WILLIAM H	
STREET ADDRESS	2910 SPARTA RD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELFERS, DOUG	
STREET ADDRESS	2910 SPARTA RD	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DISLER, MICHAEL M	
STREET ADDRESS	329 S COMMERCE AVE	
CITY-ST-ZIP	SEBRING FL 33870	
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	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL M. DISLER	
STREET ADDRESS	329 S. COMMERCE AVE.	
CITY-ST-ZIP	SEBRING, FL, 33870	
TITLE	VICE PRES. DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SECOR	
STREET ADDRESS	510 13TH AVE.	
CITY-ST-ZIP	SEBRING, FL, 33872	
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 all other like empowered.

SIGNATURE:

Michael M. Disler

MICHAEL M. DISLER

3-9-2000 863-385-5139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90011 038 ***150.00