

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90026 048 ***150.00

DOCUMENT # P99000005472

1. Entity Name

APACHE CONSTRUCTION, INC.

Principal Place of Business

510 13TH AVE
SEBRING FL 33872
US

Mailing Address

510 13TH AVE
SEBRING FL 33872
US

2. Principal Place of Business

APACHE CONST. INC.

3. Mailing Address

APACHE CONST. INC.

Suite, Apt. #, etc.

1921 BAMBI COURT

Suite, Apt. #, etc.

P.O. Box 1449

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

Zip

33875

Country

HIGHLANDS

Zip

33871

Country

HIGHLANDS

6. Name and Address of Current Registered Agent

DISLER, MICHAEL M
329 S. COMMERCE AVE
SEBRING FL 33870

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

Michael Secor **V.P. MICHAEL SECOR V.P.**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

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, 2001 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 **PD** ☐ Delete
NAME **DISLER, MICHAEL M**
STREET ADDRESS **329 S. COMMERCE AVE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VPD** ☐ Delete
NAME **SECOR, MICHAEL**
STREET ADDRESS **510 13TH AVE**
CITY-ST-ZIP **SEBRING FL 33872** **1921 BAMBI CT. 33875**

TITLE **STD** ☐ Delete
NAME **DISLER, MICHAEL M**
STREET ADDRESS **329 S COMMERCE AVE**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Secor **V.P. MICHAEL SECOR V.P.** **1/12/01** **(863) 385-5786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0532627