

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90018 042 \*\*\*150.00

DOCUMENT # **P99000009039**

1. Entity Name

**APACHE TRANSPORT INC.**

Principal Place of Business

Mailing Address

**116 COMMERCIAL WAY  
 SUITE 5  
 SPRING HILL FL 34808**

**116 COMMERCIAL WAY  
 SUITE 5  
 SPRING HILL FL 34806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3552015**

Applied For

Not Applicable

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

**MARCI, JAMES E  
 8090 GREENBRIER COURT  
 SPRING HILL FL 34606**

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, Name and Address of Registered Agent and FEI Number

(If OFF, Registered Agent signature, address and FEI Number)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FULL MONTHLY FEE IS \$10.00**

10. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

Delete

TITLE

**PD**

NAME

**DISIENA, CARLO**

STREET ADDRESS

**6252 COMM'L WAY SUITE 114**

CITY-ST-ZIP

**SARASOTA BROOKSVILLE, FL 34613**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 an other title empowered.

SIGNATURE:

*Carlo Disiena*

**CARLO DISIENA 4/26/00**

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)