## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P99000014726 1. Entity Name APOLLO NETWORK SOLUTIONS, INC. 05-19-2000 90756 001 \*\*\*550.00 05-19-2000 90756 002 \*\*\*\*\*8.75 Mailing Address Principal Place of Business 10833 PEPPERSONG DRIVE 10833 PEPPERSONG DRIVE **RIVERVIEW FL 33569-3934** RIVERVIEW FL 33569 3801 Principal Place of Business 3. Mailing Address Conpaner E Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BABB, MICHAEL D .... Street Address (P.O. Box Number is Not Acceptable) 10833 PEPERSONG DR RIVERVIEW FL 33569 City 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 Addition President ☐ Change TITLE TITLE ☐ Delete NAME michael D Babb NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RURNUIPL VICE President TITLE ☐ Delete TITLE Change Addition 5 manilyh ICBA66 NAME NAME STREET ADDRESS STREET ADDRESS Peppersus CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 eath; 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 in