2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015988				SECRETARY OF STATE SUVISION OF CHARMATIONS		
Apollo Renoration & Development II				00 SEP 25 AM 8: 11		
Principal Place of Business Mailing Address 31 32 Peospect Pd W						
TPA 'FLA 33629				A0078508		
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State City & State				4. FEL Number Applied Not Apr		
Zip Country Zip Count			Country	-5- Certificate of Status Desired - \$8.75 Additional Fee Required	뷔 ~	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
·			Name			
Keith T. Powers				Smy		
3102 Peospect RdW Street Address				s (P.O. Box Number is Not Acceptable)		
TAMPA FL 33629			City	Zip Code		
				FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida.		
_	シー・(フ	, \\;\ \	^	01. 1.		
SIGNATURE	Theor T Von	mia Trace	legistered Agent signature requir	417/60	_	
	Signature, typed or printed name of registered agent a					
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After SEPTEMBER 13:	FEE IS \$550.00 2000 Min. will be \$7	50.00% Triest Fund Contribution Added to Fe		
(See crite	ria on back)	Make Check Payable	to Department of Si			
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	Hesi Dent	☐ Delete	TITLE	☐ Change ☐	Addition CO.	
NAME	Keith T. Powers		NAME		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
STREET ADDRESS	3102 PROSPECT KILL	72/26	STREET ADDRESS CITY-ST-ZIP		ایّ ا	
CITY-ST-ZIP	ThuRA FLORIDA	<u>33629</u>	}		Addition D	
TITLE		L_I Delete	TITLE	☐ Change ☐	Addition C	
NAME ,			STREET ADDRESS			
STREET ADDRESS - CITY-ST-ZIP		درن پیمند کا ۱۰۰۰	CITY-ST-ZIP	التعلي المراجي المراجي والراج والمحاصرين المراجع		
TIMLE	THE PARTY OF THE P	□ Delete	TITLE	Change Change	Addition: -	
NAME		_ Delete	NAME	- ·	ľ	
STREET ADDRESS	-		STREET ADDRESS		1	
CITY-ST-ZIP		•	CITY-\$T+ZIP			
MLE	İ	☐ Delete	TITLE	☐ Change ☐	Addition	
NAME		-	NAME	•		
STREET ADDRESS			STREET ADDRESS	•	i	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Li	Addition	
NAME	i		NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-2IP			CITY-ST-ZIP		ļ	
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition	
NAME		L	NAME	.	- 1	
STREET ADDRESS	\	1	STREET ADDRESS	AL CALL	}	
CITY-ST-ZIP	ĺ		CITY-ST-ZIP			
inchested	on this raport or econolombatal raport is	Vm tedt hae eterrone hae eint	SIGNATURE SHALL BAVE THE	Section 119.07(3)(i), Florida Statutes. I further certify that the informa e same legal effect as if made under oath; that I am an officer or dir 07, Florida Statutes; and that my name appears in Block 11 or Bloc	ICCION I	
or the cor changed	rporation or the receiver or trustee empo , or on an attachment with an address, y	wered to execute this report as ith all other like e mpew ered.	reduited by Cuablet of	or, inched statutes, and that my harrie appears in block in the block.		
	CV		0-0	gilas las Blacker	1967	
SIGNAT	URE: SIGNATURE AND TYPET OF PE	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Cate Dayting Phone	200	



Attachment -7 # p9900015988 ACON 8508

fax 813-258-3220 tamps, florida 813-221-8885 pinelles county 727-448-2259 seresota charlotze 941-356-1319

e-mail buildone@gte.net

ATTN: Dept of State, Division of Corporations

9-11-2000

We did not receive our renewal because our address had changed. We contacted your Office after our attorney had informed us to do so. We are enclosing a check for 150.00. Please make address change to 3102 Prospect Rd W, TampaFl 33629.

Thank you

Keith T Powers, President