

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017156

1. Entity Name
APM PROVIDERS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90438 030 ***150.00

Principal Place of Business *7493 Cliff Cottage Dr* Mailing Address *P.O. Box 44018*
~~7206 CYPRESS COVE ROAD~~ ~~7206 CYPRESS COVE ROAD~~
JACKSONVILLE FL 32244 JACKSONVILLE FL ~~32244~~ *32222*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3564653**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SMITH, EVANGELINE P
~~7206 CYPRESS COVE ROAD~~ *7493 Cliff Cottage Dr*
JACKSONVILLE FL 32244

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** *Evangelina* ☐ Delete
NAME SMITH, EVANGELINA P *7493 Cliff Cottage Dr*
STREET ADDRESS ~~7206 CYPRESS COVE ROAD~~
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE **VP** ☐ Delete
NAME LUMAN, CYNTHIA D
STREET ADDRESS 168 LAMPLIGHTER LN
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082

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

TITLE **T** ☐ Delete
NAME SMITH, LONNIE G *7493 Cliff Cottage Dr*
STREET ADDRESS ~~7206 CYPRESS COVE ROAD~~
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE **S** ☐ Delete
NAME WATT, THOMAS C
STREET ADDRESS 168 LAMPLIGHTER LN
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Evangelina P. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001 *904-908-8396*
Date Daytime Phone #

CR2E034 (10/00)