

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018502

1. Entity Name

APEX LENDING, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90013 030 ***158.75

Principal Place of Business

Mailing Address

1 KEY CAPRI 303 EAST
TREASURE ISLAND FL 33706

1 KEY CAPRI 303 EAST
TREASURE ISLAND FL 33706

2. Principal Place of Business

1700 66th St. N.

3. Mailing Address

1700 66th St. N.

Suite, Apt. #, etc.

502

Suite, Apt. #, etc.

502

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33710

Country

U.S.

Zip

33710

Country

U.S.

4. FEI Number

59-3550055

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYS, STEVE

1 KEY CAPRI 303 EAST
TREASURE ISLAND FL 33706

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

[Signature] President

3/29/00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DAGOSTINO, FRANK	
STREET ADDRESS	2303 BAYSHORE DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERENDES, KIRK	
STREET ADDRESS	1130 2ND AVENUE SOUTH	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Dagostino	
STREET ADDRESS	1751 Charity Drive	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

727-381-2739 x100

Daytime Phone #

CR2E034 (9/99)