FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 99000020794

1. Entity Name

APT of Florida Inc



FILED Apr 09, 2004 8:00 am Secretary of State 04-09-2004 90080 045 ***150.00

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DO NOT WRITE IN THIS SPACE							44025655		
2. Principal P	lace of Busine		3. Mailing Address PO Box 4391						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State High Springs F1			City & State Homosassa Springs F1			4. FE	Number 62006	Applied For Nct Applicable	
Zio 32643 Country Alachua		Zip 34447-4391	Country Citrus			Fee Fee	.75 Additional - Required		
THE THE STATE OF T	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	沙特 被流流	The state of a figure of the state of the st	4 A	7. Name and Address of Current Registered Agent				
Name William S_Radder									
DO NOT WRITE IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)				
			ALE	the test to	1109	5 SE Ce	edar St		
					City H	igh Spi	rings FL	^{Zio} Code 32643	
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. I am familiar with, and accept the obligations of registered agent.									
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SIGNATURE Signature. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	Server (2) caption	OFFICERS AND	DIRECTORS	P.,	Jan Standing	5 的关键图1	医帕拉氏管 经营业的 经工程	4.7 - 推搡的地方	
TITLE	PTD			~πtu	E - 22.50		北海河 (1994年至1985年)	()	
NAME	l	er, William		NAM	E				
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NAME		er, David R		NAM	一、工工工程,中的经验。			Commission of Co	
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NAME		SE Cedar S		11.5	E .		IN THIS SPACE		
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12. 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 of the receiver or trustee empoward to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like empoward.

SIGNATURE:

William S Radder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 7 04 352 382 4265

Date

Daytime Phone #