

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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90080 045 ***150.00

DOCUMENT # 99000020794

1. Entity Name

APT of Florida Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1105 SE Cedar St

3. Mailing Address
PO Box 4391

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
High Springs Fl

City & State
Homosassa Springs Fl

4. FEI Number
59-3562006

Applied For
Not Applicable

Zip
32643

Country
Alachua

Zip
34447-4391

Country
Citrus

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William S Radder

Street Address (P.O. Box Number is Not Acceptable)

1105 SE Cedar St

City High Springs FL Zip 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.

SIGNATURE

Signature, typed 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. OFFICERS AND DIRECTORS

TITLE PTD
NAME Radder, William Seward
STREET ADDRESS 1105 SE Cedar St
CITY-ST-ZIP High Springs Fl 32643

TITLE VSD
NAME Radder, David R
STREET ADDRESS 1105 SE Cedar St
CITY-ST-ZIP High Springs Fl 32643

TITLE V
NAME Childs, Steven J
STREET ADDRESS 1105 SE Cedar St
CITY-ST-ZIP High Springs Fl 32643

TITLE Radder, William Scott Dir
NAME
STREET ADDRESS 1105 SE Cedar St
CITY-ST-ZIP High Springs Fl 32643

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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 or the receiver or trustee empowered 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 empowered.

SIGNATURE: William S Radder

4 7 04

352 382 4265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)