

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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90274 033 ***150.00

DOCUMENT # P 99000020794

1. Entity Name

APT of Florida Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17573 Southside Court

Suite, Apt. #, etc.

3. Mailing Address

PO Box 4391

Suite, Apt. #, etc.

14001618

DO NOT WRITE IN THIS SPACE

City & State

High Springs Florida

City & State

Homosassa Springs Fl

4. FEI Number

59-3562006

Applied For

Not Applicable

Zip
32643

Country
Alachua

Zip
34447

Country
Citrus

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **William S Radder**

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

17573 Southside Court

City **High Springs**

FL

Zip Code
32643

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD Radder, William Seward 17573 Southside Ct High Springs Fl 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Radder, David R 17573 Southside Ct High Springs Fl 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Childs, Steven G 17573 Southside Ct High Springs Fl 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Radder, William Scott 17573 Southside Ct 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25 05

Date

352 382 4265

Daytime Phone #

CR200348 1/12/02