

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000023115**1. Entity Name  
APEX VELOCITY INC.

|  |  |
|--|--|
| Principal Place of Business<br>5443 HARBORSIDE DRIVE<br><br>TAMPA FL 33615 | Mailing Address<br>5443 HARBORSIDE DRIVE<br><br>TAMPA FL 33615 |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br>909 LAPALOMA | 3. Mailing Address<br>1201 FRIARSWOOD CT. |
|--|---|

|                     |                            |
|---------------------|----------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>304 |
|---------------------|----------------------------|

|                              |                            |
|------------------------------|----------------------------|
| City & State<br>KEY LARGO FL | City & State<br>BELCAMP MD |
|------------------------------|----------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33037 | Country | Zip<br>21017 | Country |
|--------------|---------|--------------|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0901625</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CIANCIULLI MARK A  
5443 HARBORSIDE DRIVE  
  
TAMPA FL 33615**7. Name and Address of New Registered Agent**Name  
CIANCIULLI MARK A  
Street Address (P.O. Box Number is Not Acceptable)  
909 LAPALOMA  
  
City  
KEY LARGO FL Zip Code  
33037

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 \_\_\_\_\_ **04/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HUETT MICHAEL<br>909 LAPALOMA<br>KEY LARGO FL 33037<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>EVANS HOLLY<br>1201 FRIARSWOOD CT.<br>BELCAMP MD 21017<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CIANCIULLI MARK<br>909 LAPALOMA<br>KEY LARGO FL 33037<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** Mark Cianciulli  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 04/18/2001

Date

Daytime Phone #

CR2E034 (11/00)