

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049421

1. Entity Name

APTECH, INC.

Principal Place of Business

Mailing Address

930 N. HALIFAX DR.
ORMOND BCH FL 32176

930 N. HALIFAX DR.
ORMOND BCH FL 32176-4169

2. Principal Place of Business

470 Andalusia Ave.

Suite, Apt. #, etc.

3. Mailing Address

470 Andalusia Ave.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

US

Zip

32174

Country

US

4. FEI Number

59-3589273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADOVICK, JEFFREY P
930 N. HALIFAX DR.
ORMOND BCH FL 32176

Name

Jeffrey Badovick

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

470 Andalusia Ave.

City

Ormond Beach

FL

Zip Code

32174

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 of registered agent or printed name of registered agent and title if applicable

Jeffrey Badovick

2/27/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BADOVICK, JEFFREY P	
STREET ADDRESS	930 N. HALIFAX DR.	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, THOMAS G II	
STREET ADDRESS	57 WINDRIFT CT.	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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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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:

Jeffrey Badovick

2/27/00

904-676-7741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90120 045 ***150.00

00031506



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)