

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058883

1. Entity Name

APEXA RETAILERS, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90033 030 ***150.00

Principal Place of Business

Mailing Address

315 RAMSGATE RD.
AUBURNDALE FL 33823

315 RAMSGATE RD.
AUBURNDALE FL 33823-3010

2. Principal Place of Business

795 Cypress Gardens Bl.

3. Mailing Address

Same

Suite, Apt./# etc.

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip
33880

Country
Polk

Zip

Country

4. FEI Number

59-3604122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, ASHOK V
315 RAMSGATE RD.
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name
Bipin S. Patel
Street Address (P.O. Box Number is Not Acceptable)
795 Cypress Gardens Blvd
City
Winter Haven FL Zip Code
33880

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, typed or printed name of registered agent and title if applicable. (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

TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, ASHOK V	
STREET ADDRESS	315 RAMSGATE RD.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bipin S. Patel	
STREET ADDRESS	795 Cypress Gardens Blvd	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)