

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90027 019 \*\*\*150.00

**DOCUMENT # P99000058883**

1. Entity Name  
**APEXA RETAILERS, INC.**

Principal Place of Business <b>795 CYPRESS GARDENS RD          WINTER HAVEN FL 33880</b>	Mailing Address <b>795 CYPRESS GARDENS RD          WINTER HAVEN FL 33880</b>
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2. Principal Place of Business <b>795 CYPRESS GARDEN BLVD          Suite, Apt. #, etc.          WINTER HAVEN</b>	3. Mailing Address <b>795 CYPRESS GARDEN BLVD          Suite, Apt. #, etc.          WINTER HAVEN</b>
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City & State <b>FL</b>	City & State <b>FL</b>	4. FEI Number <b>59-3604122</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33880</b>	Country <b>FLK</b>	Zip <b>33880</b>	Country <b>FLK</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PATEL, BIPIN S  
 795 CYPRESS GARDENS BLVD  
 WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATEL, BIPIN S</b> <b>795 CYPRESS GARDENS BLVD</b> <b>WINTER HAVEN FL 33880</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *B. Patel* **1-18-01 863-299-9763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)