

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-11-2000 90001 016 ***150.00

DOCUMENT # P99000080114

Entity Name
APOLO SERVICES INC.

Principal Place of Business

9975 7TH WAY N. BLDG. 18. #204
 ST. PETERSBURG FL 33702

Mailing Address

9975 7TH WAY N. BLDG. 18. #204
 ST. PETERSBURG FL 33702-2236

2. Principal Place of Business

2817 GLORIA COURT
 Suite, Apt. #, etc.

3. Mailing Address

2817 GLORIA COURT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL.

City & State

CLEARWATER FLORIDA

4. FEI Number

593597587

Applied For

Not Applicable

Zip

33761

Country

Zip

33761

Country

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

GORANOV, PETER D

9975 7TH WAY N., BLDG. 18. #204
ST. PETERSBURG FL 33702

Name

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

City

FL

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

Peter Goranov **PETER GORANOV President**

04-29-2000

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

(NOTE: Registered Agent signature required when re-registering)

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 **P**
 NAME **GORDANOV, PETER D**
 STREET ADDRESS **9975 7TH WAY N., BLDG. 18, #204**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

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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:

Peter D. Goranov **PETER D. GORANOV**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 463-3145

CR2E034 (9/99)