## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2001 8:00 am Secretary of State DOCÚMENT # **P99000096854** APEX UNDERGROUND, INC. 05-05-2001 90819 013 \*\*\*150.00 Principal Place of Business Mailing Address 9349 S.W. 130TH ST. 9349 S.W. 130TH ST. **MIAMI FL 33176** MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address 9290 SW 117 TERR 9290 SW 117 Terr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State City & State Applied For 4. FEI Number 65-0970771 LA. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired O S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUTTLE, WILLIAM M II Street Address (P.O. Box Number is Not Acceptable) CATLIN, SAXON, TUTTLE & EVANS, P.A. 169 E. FLAGLER ST., STE. 1700 **MIAMI FL 33131** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete M Change TITLE ☐ Addition MCSHANE, KEVIN ROBERT W. GARDNER JR. NAME NAME 9349 S.W. 130TH ST. STREET ADDRESS STREET ADDRESS 9290 SW 117 Text. CITY-ST-ZIE **MIAMI FL 33176** CITY-ST-7IP MIAMI, Fla. 33176 ۷S TITLE Defete TITLE Change Addition GARDNER, ROBERT NAME NAME 9349 S.W. 130TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 DIRECTO

GARDNER JR. 4-27-2001

786-367-2578

Daytime Phone #