

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 30, 2000 8:00 am
Secretary of State
 05-01-2000 90412 008 ***150.00

DOCUMENT # P99000100965

1. Entity Name
APM CONSULTANTS, INC.

Principal Place of Business

~~94200 SW 20TH PLACE~~
~~FT. LAUDERDALE FL 33324~~

Mailing Address

~~94200 SW 20TH PLACE~~
~~FT. LAUDERDALE FL 33324-5019~~

2. Principal Place of Business

318 INDIAN TRACE TERR.

3. Mailing Address

318 Indian Trace Terrace

Suite, Apt. #, etc.

Suite 159

Suite, Apt. #, etc.

Suite 159

City & State

WESTON, FLORIDA

City & State

WESTON FLORIDA

Zip

33326

Country

U.S.A.

Zip

33326

Country

U.S.A.

4. FEI Number

52-2174670

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M.A. ATCHESON & ASSOCIATES
4141 NW 5TH ST.
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

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 NAME **MAXINE J. TULLOCH** ☐ Delete
 STREET ADDRESS **318 INDIAN TRACE TERR.**
 CITY-ST-ZIP **WESTON, FL 33326 (PKGS)**

TITLE NAME **M.A. ATCHESON (Treasurer)** ☐ Delete
 STREET ADDRESS **4141 NW 5TH ST.**
 CITY-ST-ZIP **Plantation, FL 33317**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
 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:

Maxine J. Tulloch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00
 Date

1-800-799-3598
754-236-4737
 Daytime Phone #

CR2E034 (9/99)