2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFOR	M BUSINI	ESS REPO) THC	JBR)	_	FILED	- 07175	<i>'</i> .	•	
DOCUMENT # P99000100965 1. Entity Name APM CONSULTANTS, INC.							SECRETARY OF STATE DIVISION OF CORPORAL DAS				
Fort La	Brown Uderd	ica Bloke#110 rd Bloke. ale, FL 33312	Mailing Address Bank of America Blog 110 3800 W. Brown of Blvd. Fort Lauderdale, fl 38312								
2. Principal F		mess	3. Mailing Address			1278 127	RECTATE	MAEN	10023		
Suite, Apt.			Suite, Apt. #, etc.			ME	INSTATE	IF MAKING C	HANGES		
City & Stat	e		City & State			4. FEI Number 52-2174670			N	Applied For Not Applicable	
Zip		Country	Zip Co		ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		N	7. Nam	e and Address of New R	agistered Ag	ent	19 64	
M.A. AITC	HESON &	ASSOCIATES ·		Name	· · · · · · · · · · · · · · · · · · ·						
4141 NW				. [Street Address ((P.O. Box N	Number is Not Acceptable	·)			
PLANTATI	ON FL 333	17	,								
,				ĺ	City			FL	Zip Cod	le	
		y submits this statement fo	or the purpose of changi	ng its registere	d office or register	red agent,	or both, in the State of Flo	rida. I am far	niliar with,	and accept	
•	ions of regist مرکز دست	ered agent.	t 12,000	1-				11/9	10-5	•	
SIGNATURE .	Signature typed	or printed name of registered agent	and title i applicable.	(NOTE: Registered	Agent signature required	when reinstal	(ng)	DATE	<i>70.</i> 3)	
Afte	r May 1, 201	1 FEE IS \$150,00 3 Fee will be \$550.00 Florida Department o	of State				Election Campaign Fir Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND		11.		ADDIT	ONS/CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:											
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~··-· _	AND TYPED OR P	RINTED NAME OF BIGNING OF	FICER OR DERECTO	R		Date	Deytir	ne Phone #	· /	





October 10, 2003

Pat Bailey Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Debit Memo #: 35249-N

Document #: P99000100965

Dear Ms. Bailey:

I am in receipt of your letter of the dissolution of APM Consultants Inc. I tried calling you on Monday, October 6th, 2003. However, I spoke with someone who informed me that I should put my request for consideration in writing to you.

I am requesting a waiver of the "Reinstatement Fee" of \$600.00. My reasons are that I suffered an awful tragedy exactly one year ago. My son was killed (4 gunshot) on October 10, 2002 (see attached death certificate). I have been neglectful in several areas of my life including my business and did not pay attention to the letters from your office and the business has suffered financially from such neglect. I am now trying to get out of the slump and get my business and personal life on track and am asking for your consideration to waive the reinstatement fee so I can proceed with the operations of APM Consultants Inc.

I await your consideration and instructions to proceed with the operation of APM Consultants Inc. I thank you and look forward to hearing from you.

Sincerely,

Maxine J. Tulloch

CEO

200023995982 10/22/03-01005-001 ***174.00

3800 West Broward Blvd., Suite 110

Plantation, FL 33312

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CELL: 954-605-3332 FAX: 954-583-1366

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