

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0074288 AV

DOCUMENT # P99000109871

1. Entity Name  
APTIC.COM, INC.



FILED

03 JAN 24 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
493 E. SEMORAN BLVD.  
CASSELBERRY FL 32707

Mailing Address  
493 E. SEMORAN BLVD.  
CASSELBERRY FL 32707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3633039

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, GEORGE P  
493 E. SEMORAN BLVD.  
CASSELBERRY FL 32707

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME LASSITER, ROY W  
STREET ADDRESS 493 E. SEMORAN BLVD.  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition  
NAME 700010678377  
STREET ADDRESS 01/23/03--01093--004 \*\*158.75  
CITY-ST-ZIP

TITLE DVS ☐ Delete  
NAME DANIELS, GEORGE P  
STREET ADDRESS 493 E. SEMORAN BLVD.  
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE DVT ☐ Delete  
NAME RUMSEY, STEPHEN T  
STREET ADDRESS 493 E. SEMORAN BLVD.  
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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 DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)