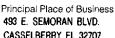
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1 11 1	l .E	ш	-1	

P99000109871

1. Entity Name

APTIC.COM, INC.



Mailing Address

493 E. SEMORAN BLVD.

FILED

03 JAN 24 PM 12:51

EONETARY OF STATE LLAHASSEE, FLORIDA

ONSSELDENT	11 FL 32/07	CASSELBERRY FL 32/0/		
2. Principal Place of Business		3. Mailing Address		- I TREATHER AIR LOUISE FOUNT BEATH BEATH BEATH STATE TOTAL SEATH FORTH WHEN THE STATE SEATH FOR STATE SEATH FOR STATE SEATH SEATH FOR STATE S
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	-	☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3633039 Applied For Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent
			Name	A commence of the contract of
DANIELS, GEORGE P			Street Address	ss (P.O. Box Number is Not Acceptable)
493 E. SE	emoran blvd.		Street Addres	ss (F.O. Box Number is Not Acceptable)
CASSELE	BERRY FL 32707			
			City	FL Zip Code
Afte	Signature, typed or printed name of registered ager ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		E: Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.				
TITLE	OFFICERS AND	Delete Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	LASSITER, ROY W	L Delete	NAME	Change
STREET ADDRESS	493 E. SEMORAN BLVD.		STREET ADDRESS	700010678377 01/23/0301093004 **158,75
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	01/20/00 01000 004 ***100;10
TITLE	DVS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DANIELS, GEORGE P		NAME	
STREET ADDRESS	493 E. SEMORAN BLVD.		STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP	
TITLE	DVT	☐ Delete	. TITLE	— ☐ Change ☐ Addition
NAME	RUMSEY, STEPHEN T		NAME	
STREET ADDRESS CITY-ST-ZIP	493 E. SEMORAN BLVD. CASSELBERRY FL 32707		STREET ADDRESS CITY-ST-ZIP	
IITLE	CASSELBERRY FL 32/0/			
IAME i		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	·		STREET ADDRESS	
JITY-ST-ZIP			CITY-ST-ZIP	
TTLE		☐ Delete	TITLE	☐ Change ☐ Addition
IAME		55.500	NAME	- Country

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition