2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

1.

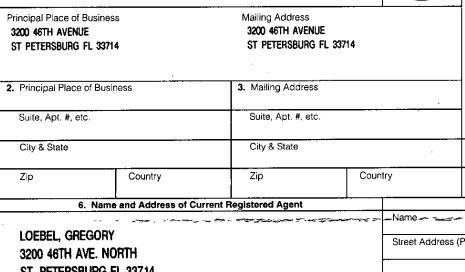
Α



Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90406 001 ***300.00

FILED

OCUMENT # Entity Name APACHE HOLDING, INC.	S41804	
		COD W



☐ CHECK HERE IF MAKING CHANGES

\$8.75 Additional Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent

ST. PETERSBURG FL 33714

ACTION AND ACTION OF A STATE OF A STATE OF THE PARTY OF T	17
Street Address (P.O. Box Number is Not Acceptable)	

59-3060352

4. FEI Number

5. Certificate of Status Desired

Zip Code

Trust Fund Contribution.

R	. 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.	
	the obligations of registered agent.	

City

SIGNATURE

TITLE

NAM

STRE

CITY

NAME STREET ADDRESS CITY-ST-ZIP

NAN STR CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Change

☐ Change

Change

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change TITLE ☐ Delete TITLE LOEBEL, TERRY P NAME NAME STREET ADDRESS 3200 46TH AVE NORTH STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-7iP ☐ Change Addition TITLE

NAME

JITLE_

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME	STUPP, MORTON	
STREET ADDRESS	3200 46TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE . NAME	DT	

DT . == ======
LOEBEL, GREGORY P
3200 46TH AVE N
ST PETERSBURG FL

, Gregory P	
TH AVE N	
ersburg fl	

URG FL		CITY-SI-
	☐ Delete	TITLE
		NAME
		STREET AD

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TITLE	☐ Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-7IP		CITY-ST-ZIP

TITLE	☐ Delete
NAME	
STREET ADDRESS	

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

P. L. 6-6 4.16.03 727.521.2830

☐ Addition

☐ Addition

☐ Addition