2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

FILED Mar 05, 2001 8:00 am DOCUMENT # V32043 **Secretary of State** 1. Entity Name APEX MANAGER'S, INC. 03-05-2001 90290 049 ***158.75 Principal Place of Business Mailing Address ATTN: CORPORATE ACCOUNTING ATTN: CORPORATE ACCOUNTING 375 COMMERCE PARKWAY, SUITE 201 375 COMMERCE PARKWAY, SUITE 201 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3128957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCHANAN, MARK S Street Address (P.O. Box Number is Not Acceptable) 375 COMMERCE PKWY SUITE 201 ROCKLEDGE FL 32955 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D ☐ Addition ★ Change TITLE ☐ Delete TITLE NAME BUCHANAN, MARK S NAME Buchanan, Mark S. STREET ADDRESS STREET ADDRESS 375 COMMERCE PKWY STE 201 375 Commerce Pkwy Ste 201 CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE_FL 32955 Rockledge, FL 32955 $\overline{P/D/S/T}$ K Change ☐ Addition TITLE Delete TITLE NAME LONG, DONALD J NAME Long, Donald J. STREET ADDRESS STREET ADDRESS 375 COMMERCE PKWY STE 201 375 Commerce Pkwy Ste 201 CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 Rockledge, FL 32955 XX_{Delete} Change Addition TITLE TITLE BUCHANAN, MARK S NAME NAME STREET ADDRESS STREET ADDRESS 375 COMMERCE PWKY SUITE 201 CITY-ST-7IP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Change X Addition ☐ Delete TITLE TITLE Ď/Ϋ~ NAME Teague, Toni M. NAME STREET ADDRESS STREET ADDRESS 375 Commerce Pkwy Ste 201 CITY-ST-ZIP CITY-ST-7IP Rockledge, FL 32955 ☐ Change X Addition TITLE ☐ Delete TITLE \mathbf{D}^{+} . Let NAME NAME Foley, Patrick J. STREET ADDRESS STREET ADDRESS 375 Commerce Pkwy Ste 201 CITY-ST-ZIP CITY-ST-7IF Rockledge, FL 32955 Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 life empowered.

ER OR DIRECTOR

February 5, 2001