

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90040 044 ***150.00

DOCUMENT # V58911

1. Entity Name

AP Equities of Florida, Inc. ✓

DO NOT WRITE IN THIS SPACE

851656

2. Principal Place of Business
2355 S Arlington Heights Rd

Suite, Apt. #, etc.

Suite 400

City & State

Arlington Heights, IL 60005

Zip
60005

Country
US

3. Mailing Address Attn: T. Donile
2355 S. Arlington Heights Rd

Suite, Apt. #, etc.

Suite 400

City & State

Arlington Heights, IL

Zip
60005

Country
US

4. FEI Number
36-3840848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite 105

City

Tallahassee

FL

Zip Code
32301

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 signatory and title if applicable)

DATE (Registered Agent Signature required when changing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	Michael P. Holtz	2355 S. Arlington Heights Rd #400	Arlington Heights, Illinois 60005
SID	James B. Dale	2355 S. Arlington Heights Rd #400	Arlington Heights, Illinois 60005

**DO NOT WRITE
IN THIS SPACE**

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 683, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. DALE
Secretary

4/25/02

847-228-5400

Date

Daytime Phone #

CR2E034B (12/01)