

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90002 047 ***150.00

DOCUMENT # F97000001498

1. Entity Name

APPLETREE TECHNOLOGIES INCORPORATED

Principal Place of Business

Mailing Address

4053 LAVISTA RD
 TUCKER GA 30084

4053 LAVISTA RD
 TUCKER GA 30084-5206

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

58-1820607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HALL, LARRY~~
~~311 PARK PL BLVD, STE 220~~
~~CLEARWATER FL 34619~~

Name **DEAN CLAY**
 Street Address (P.O. Box Number is Not Acceptable) **5701 East Hillsborough Ave, Suite 2450**
 City **Tampa** FL Zip Code **33610**

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 *Larry Hall, President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
OFF	HALL, LARRY	4053 LAVISTA RD	ATLANTA GA 30084	<input type="checkbox"/>
VS	SHANKWILER, DOUG	4053 LAVISTA RD	ATLANTA GA 30084	<input type="checkbox"/>
CFO	BLAKE, FRASER R	4053 LAVISTA RD	ATLANTA GA 33084	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4053 Lavista Rd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COO	4053 Lavista Rd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE: *DEAN CLAY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

Daytime Phone #

770-270-2000
x162

CR20004 (03/00)