

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90146 022 \*\*\*158.75

655506



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000006878

1. Entity Name  
**APPLIED DIGITAL SOLUTIONS, INC.**

Principal Place of Business 400 ROYAL PALM WAY STE 410 PALM BCH FL 33480	Mailing Address 400 ROYAL PALM WAY STE 410 PALM BCH FL 33480-4117 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 43-1641533	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**SILVERMAN, SCOTT**  
**400 ROYAL PALM WAY, #410**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
 Name Kay Langsford, VP  
 Street Address 400 Royal Palm Way, #410  
 City Palm Beach FL Zip Code 33480

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 Kay C. Langsford Kay E. Langsford, Vice President-Admin 4-21-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, GARRETT A	
STREET ADDRESS	27 BERMUDA LAKES DR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33480	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LOPPERT, DAVID A	
STREET ADDRESS	107 PEMBROKE	
CITY-ST-ZIP	PALM BCH GARDENS FL 33480	
TITLE	SDCE	<input type="checkbox"/> Delete
NAME	SULLIVAN, RICHARD J	
STREET ADDRESS	19 NATHANIEL DR.	
CITY-ST-ZIP	AMHERST NH 03031	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, ANGELA	
STREET ADDRESS	19 NATHANIEL DR.	
CITY-ST-ZIP	AMHERST NH 03031	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNI, DANIEL E	
STREET ADDRESS	190 MARLBOROUGH ST.	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOTERMAN, ARTHUR F	
STREET ADDRESS	5 OCEAN VIEW DR.	
CITY-ST-ZIP	HINGHAM MA 02043	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP CODE 33418	
TITLE	V, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP CODE 33418	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 N. Ocean Blvd.	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6015 N. Ocean Blvd.	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 Hancock Street	
CITY-ST-ZIP	North Quincy, MA 02171-1787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: David Loppert David Loppert  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-24-00 Daytime Phone # 561 366 4800

Attachment  
655506  
#F97000006878

T, V  
Jerome C. Artigliere  
10 Kady Lane  
Kensington, NH 03833

V  
Marc Sherman  
341 Tradewinds  
Palm Beach, FL 33480

V  
John Reap  
40 Longfield Drive  
Neshanic Station, NJ 08853

V, AT  
Kay Langsford  
289 Camellia Street  
Palm Beach Gardens, FL 33480

V; AS  
Michael Krawitz  
320 Plaza Real, Apt. 406  
Boca Raton, FL 33432

V  
Keith Bolton  
9672 NW 67th Place  
Parkland, FL 33067

D  
Constance K. Weaver  
295 North Maple Ave #3347B2  
Basking Ridge, NJ 07920

D  
Richard S. Friedland  
72 Jesse Court  
Montville, NJ 07045