

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90100 025 \*\*\*150.00

**DOCUMENT # P00000072115**



1. Entity Name  
**SAPP INVESTMENTS, INC.**

Principal Place of Business  
**319 MARSHALL STREET  
KENNETT SQUARE PA 19348**

Mailing Address  
**3230 STIRLING ROAD  
SUITE 1  
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1027105**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGELBERG, MORRIS ESQ  
3230 STIRLING ROAD  
SUITE 1  
HOLLYWOOD FL 33021**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>KANE, DORIS</b>	
STREET ADDRESS	<b>319 MARSHALL STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>TESLER, CANDACE F</b>	
STREET ADDRESS	<b>802 WESTWOOD LANE</b>	
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KANE, RANDALL</b>	
STREET ADDRESS	<b>125 N VILLAGE LANE</b>	
CITY-ST-ZIP	<b>CHADDS FORD PA 19317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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: **Donis Kane, President**  
*Donis Kane, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/14/03**  
Date Daytime Phone #

CR2E034 (10/02)