

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90020 024 \*\*\*150.00

002226 AV

**DOCUMENT # P01000028888**

1. Entity Name  
**AN APPLE A DAY..., INC.**



Principal Place of Business  
**2 EAST INDEPENDENT DR. #121  
JACKSONVILLE FL 32202**

Mailing Address  
**2 EAST INDEPENDENT DR. #121  
JACKSONVILLE FL 32202**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

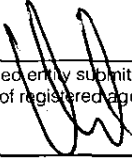
4. FEI Number **59-2820169** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**PENNINGTON, MARK G ESQUIRE  
1 INDEPENDENT DRIVE, #1700  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
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 **04-05-03**

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 Trust Fund Contribution:  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SLAVIC, ELMIR	
STREET ADDRESS	5459 CRUZ ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SLAVIC, JASMIN	
STREET ADDRESS	2 EAST INDEPENDENT DR, #121	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SLAVIC, SENIJA	
STREET ADDRESS	2 EAST INDEPENDENT DR, #121	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLAVIC, NAIL	
STREET ADDRESS	2 EAST INDEPENDENT DR, #121	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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:  **SIGNATURE REQUIRED** DATE **01-05-03** DAYTIME PHONE # **904-838-3134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)