

03-19-2002 90032 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

425265

DOCUMENT # **PO10000110413** ✓
 1. Entity Name: **AN APPLE A DAY DELL, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2 INDEPENDENT DR.	3. Mailing Address 2 INDEPENDENT DR
City, St., Zip SUITE 210	City, St., Zip SUITE 210
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32202	Country USA

DO NOT WRITE IN THIS SPACE

4. F-1 Number
02-0532610

5. Certificate of Status (checked) **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **MARK G. PENNINGTON**

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

SUITE 1700

City **JACKSONVILLE** FL Zip Code **32202**

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 **X** (NOTE: Registered Agent signature required when reappointing) 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. PRESIDENT, OFFICERS AND DIRECTORS

TITLE ELMIR SLAVIC	TITLE
NAME 5459 CRUZ RD.	NAME
STREET ADDRESS JACKSONVILLE FL 32207	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE VICE PRESIDENT	TITLE
NAME JASMIN SLAVIC	NAME
STREET ADDRESS 5459 CRUZ RD.	STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32207	CITY-ST-ZIP
TITLE DIRECTOR	TITLE
NAME NAIL SLAVIC	NAME
STREET ADDRESS 5459 CRUZ RD.	STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32207	CITY-ST-ZIP
TITLE SECRETARY	TITLE
NAME SENITA SLAVIC	NAME
STREET ADDRESS 5459 CRUZ RD.	STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL 32207	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

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

SIGNATURE: **X** *[Signature]* **2-28-02** (904) 353-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certified Private

CR2E034B (12/01)