

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000870

1. Entity Name

APPLIED BUILDING DEVELOPMENT OF ORLANDO, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90087 040 ***150.00

| | |
|---|---|
| Principal Place of Business S. APOPKA-VINELAND RD. ORLANDO FL 32836 | Mailing Address 8933 S. APOPKA-VINELAND RD. ORLANDO FL 32836-5722 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 8000 The Esplanade Suite, Apt. #, etc. | 3. Mailing Address 8000 The Esplanade Suite, Apt. #, etc. |
|---|---|

| | |
|-----------------------------|-----------------------------|
| City & State ORLANDO, FL | City & State ORLANDO, FL |
| Zip 32836 | Country |
| Zip 32836 | Country |

| | |
|--|--|
| 4. FEI Number 65-0383802 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KOHN, DAVID
 8933 S. APOPKA-VINELAND RD.
 ORLANDO FL 32836

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.

SIGNATURE _____ (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. (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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOHN, DAVID 8933 S APOPKA-VINELAND RD ORLANDO FL 32836 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUERON, DAN 330 W 58TH ST STE E NEW YORK NY 10019 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHIFF, ARIVA 330 W 58TH ST STE 5E NEW YORK NY 10019 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8000 The Esplanade Orlando, FL 32836 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: SIGNATURE REQUIRED Date: 4-18-00 Daytime Phone #: 407-370-6400

CR2E034 (9/99)