

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90065 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000087750**

**1. Entity Name**  
**APPLE CORE, INC.**

**Principal Place of Business**      **Mailing Address**  
**2045 SPAFFORD AVE**      **2045 SPAFFORD AVE**  
**WEST PALM BEACH FL 33409**      **WEST PALM BEACH FL 33409**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number** **65-0458001**      **Applied For**  
 Not Applicable

**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**

**SCALISI, JACK T**      **Name**  
**7439 SALLY LYN LANE**      **Street Address (P.O. Box Number is Not Acceptable)**  
**LAKE WORTH FL 33467**      **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00**  
(See criteria on back)      **After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SCALISI, JACK T 7439 SALLY LYN LANE LAKE WORTH FL 33467	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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:** *Jack Scalisi*      **JACK SCALISI Pres.**      **1/15/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)