

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075563

1. Entity Name

APPLETON ENTERPRISES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90040 044 ***150.00

Principal Place of Business

40 WICKLOW CIRCLE
 PALM HARBOR FL 34683
 US

Mailing Address

40 WICKLOW CIRCLE
 PALM HARBOR FL 34683-6141
 US

2. Principal Place of Business

5796 66th St. No.

3. Mailing Address

1460 SEAGULL DR # 112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

112

City & State

St Petersburg FL

City & State

PALM HARBOR FL

4. FEI Number

59-3276489

Applied For

Not Applicable

Zip

33709

Country

USA

Zip

34685

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

APPLETON, COLIN
 40 WICKLOW CIR
 PLAM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

COLIN APPLETON

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

1460 SEAGULL DRIVE # 112

City

PALM HARBOR

FL

Zip Code

34685

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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	PDT	<input type="checkbox"/> Delete
NAME	APPLETON, COLIN	
STREET ADDRESS	40 WICKLOW CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APPLETON, ANN	
STREET ADDRESS	40 WICKLOW CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLETON, COLIN	
STREET ADDRESS	1460 SEAGULL DR. # 112	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLETON, ANN	
STREET ADDRESS	1460 SEAGULL DR. # 112	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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		

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: _____

COLIN APPLETON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.11.00

Date

(727) 547 4802

Daytime Phone #

CR 10014 (MM)