2001 UNIFORM BUSINESS REPORT (UBR)

D@CUMENT # 512034

2001 UNIFORM BUSINESS REPORT (UBR) DGCUMENT # 512034 1. Entity Name					FILED Mar 21, 2001 8:00 am Secretary of State			
								
Principal Place of Business 1251 ROYAL OAK DRIVE		Mailing Address 1251 ROYAL OAK DRIVE						
DUNEDIN FL 3		DUNEDIN FL 34698		1 (88) 2 (8)		27674	Lit acacı (Dei	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN T	THIS SPACE		
City & Stat	le .	City & State		4. FEI Number	59-1699382	├ ─- ├	oplied For ot Applicable]
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Ade		
	6. Name and Address of Current	Registered Agent	- Name	7. Name and	Address of New Registe	ered Agent]_
APPLE, DOUGLAS 1251 ROYAL OAK DRIVE				ess (P.O. Box Numbe	r is Not Acceptable)	•		-
	IEDIN FL 34698							1
			City	 		FL Zip Cod	le	1
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or rec	gistered agent, or both	, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	D	ATE		
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		.00 Trus	ction Campaign Financing		May Be	
11.	OFFICERS AND		12.	ADDITIONS/0	CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1.
TITLE NAME	P APPLE,DOUGLAS C	☐ Delete	TITLE NAME			Change	☐ Addition	0,0
STREET ADDRESS CITY-ST-ZIP	1251 ROYAL OAK DRIVE DUNEDIN FL 34698		STREET ADDRESS CITY-ST-ZIP					7, 400
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #