

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F79300

FILED
Feb 26, 2002 8:00 AM
Secretary of State

Entity Name: APPLICATION ENGINEERED PROGRAMMING, INC.

Current Principal Place of Business:

1601 N PALM AVE
#110A
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

1520 NW 96TH AVE
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

1601 N PALM AVE
#110A
PEMBROKE PINES, FL 33026 US

New Mailing Address:

1520 NW 96TH AVE
PEMBROKE PINES, FL 33024 US

FEI Number: 59-2178703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, JAMES M.
1520 N W. 96TH AVENUE
PEMBROKE PINES, FL 33024

Name and Address of New Registered Agent:

FARMER, JAMES M
1520 N.W. 96TH AVENUE
PEMBROKE PINES, FL 33024

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: JAMES M FARMER

02/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete

Name: FARMER, JAMES M,

Address: 1520 N W 96TH AVE

City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: DST () Delete

Name: FARMER, DARLENE R,

Address: 1520 N W 96TH AVE

City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M FARMER

DP

02/26/2002

Electronic Signature of Signing Officer or Director

Date