

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006577

1. Entity Name

APPLIED DIGITAL SOLUTIONS FINANCIAL CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90222 031 ***150.00

Principal Place of Business
360 RT. 101. UNIT 6A
BEDFORD NH 03110

Mailing Address
360 RT. 101. UNIT 6A
BEDFORD NH 03110

2. Principal Place of Business
360 Rt 101 Unit #10
Suite, Apt. #, etc.

3. Mailing Address
360 Rt 101 Unit #10
Suite, Apt. #, etc.

City & State
Bedford, NH
Zip 03110 Country

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Bedford, NH
Zip 03110 Country

4. FEI Number 02-0503351
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SULLIVAN, GARRETT A
400 ROYAL PALM WAY, SUITE 410
PALM BEACH FL 33480

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 *Jerome C. Artigliere* 2/5/01
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, 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

TITLE	CV	<input type="checkbox"/> Delete
NAME	SULLIVAN, GARRETT A	
STREET ADDRESS	400 ROYAL PALM WAY, SUITE 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOPPERT, DAVID A	
STREET ADDRESS	400 ROYAL PALM WAY, SUITE 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	ARTIGLIERE, JEROME C	
STREET ADDRESS	360 RT. 101, UNIT 6A	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, RICHARD J	
STREET ADDRESS	400 ROYAL PALM WAY-STE 410	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACK, CHARLES E	
STREET ADDRESS	360 RT 101 W., UNIT 6A	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Treasurer	<input type="checkbox"/> Change <input checked="" 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, without other like empowered.

SIGNATURE: *Jerome C. Artigliere*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0595269