

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000798

1. Entity Name

APPLIED DECISIONS USA, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90017 015 ***158.75

Principal Place of Business

Mailing Address

2097 PINE RIDGE ROAD
NAPLES FL 34109

2097 PINE RIDGE ROAD
NAPLES FL 34109-2101

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

36-4054365

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABT, DOUGLAS
2097 PINE RIDGE ROAD
NAPLES FL 34109

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SWIGGER, JAMES W	
STREET ADDRESS	138 AUGUSTA	
CITY-ST-ZIP	WIMBERLY TX 78676	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JAMES J	
STREET ADDRESS	2130 W. GIDDINGS	
CITY-ST-ZIP	CHICAGO IL 60625	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEPERD, GROVER W	
STREET ADDRESS	2521 MIDDLESEX	
CITY-ST-ZIP	TOLEDO OH 43606	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABT, MARTIN C	
STREET ADDRESS	4410 BEACON CT.	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60195	
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"/> 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	
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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:

NON-REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 941-596-5914

CR2E034 (9/99)