## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G00341** APPLIED CONCEPTS INCORPORATED Mailing Address Principal Place of Business 37 SKYLINE DRIVE 37 SKYLINE DRIVE **SUITE 3113 SUITE 3113** LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip 6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

NICHOLAS, ALEXANDER

9. This corporation is eligible to satisfy its Intangible

NICHOLAS, ALEXANDER

219 SHADY OAKS CIR.

LAKE MARY FL 32746

Tax filing requirement and elects to do so.

(See criteria on back)

219 SHADY OAKS CIR. LAKE MARY FL 32746

SIGNATURE

11.

TITLE

NAME

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NAME

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Title

NAME

STREET ADDRESS

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STREET ADDRESS CITY-SY-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

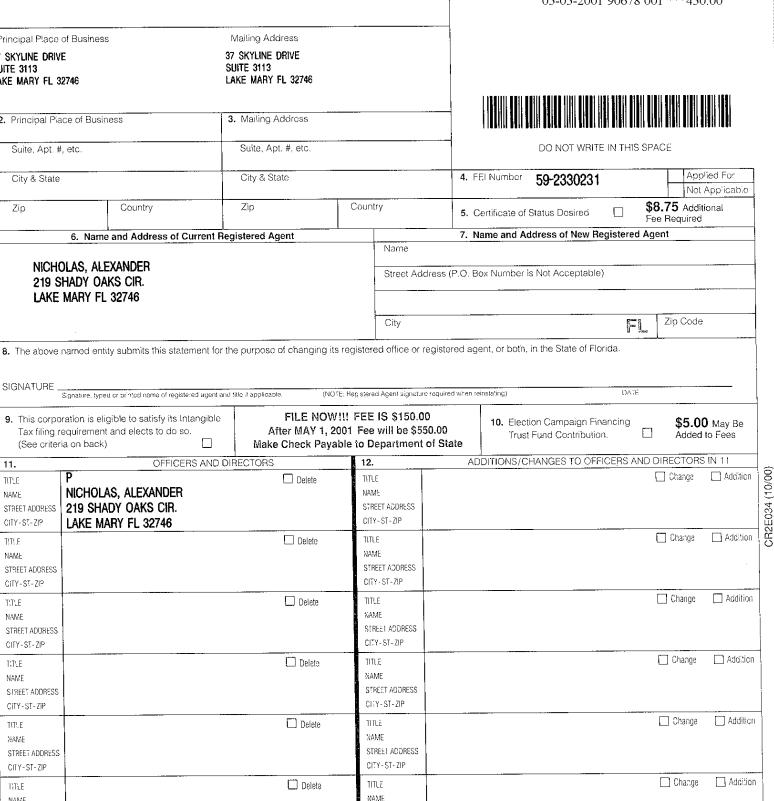
CITY-ST-ZIP

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City-St-7l2

## May 05, 2001 8:00 am Secretary of State

05-05-2001 90678 001 \*\*\*450.00



tion 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 plemental 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 ver or trystee empowered to execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the inform indicated on this report or s of the corporation or the r changed, or on an

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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