2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01658

1. Entity Name

APPLE TRANSPORTATION, INC.

Principal Place of Business
15501-6 MCGREGOR BLVD.
STE 6 FT MYERS FL 33908
US

Mailing Address

EDWARD DALLAS

17274 SAN CARLOS BLVD. STE. 202

FT MYERS BEACH FL 33931

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FILED

Jan 29, 2001 8:00 am Secretary of State 01-29-2001 90099 016 ***150.00

Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SE	PACE			
City & State		City & State		4. F	El Number 65-049 1697			Applied For lot Applicable]		
Zip	·	Country Zip Country			try	5. 0	Certificate of Status Desired		8.75 Ac		1
	6. Name	and Address of Current Re	gistered Agent			7. N	lame and Address of New Re	gistered A	gent]
DALLAS, EDWARD 17274 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931				Name Street Addr	ess (P.O. B	ox Number is Not Acceptable)				- - -	
			City			·		FL	Zip Co	de]
8. The above	named entit	y submits this statement for th	ne purpose of changing its	registere	d office or reg	gistered age	ent, or both, in the State of Flor	ida.			ļ
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registered	Agent signature re	equired when rei	instating)	DATE			
Tāx filing r		ible to satisfy its Intaggible and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	001 Fee	will be \$550		10: Election Campaign Fina Trust Fund Contribution			00 May Be ed to Fees	
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTO	RS IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16081-2 A	, JOHN J. JR. MBERWOOD COURT, UN S FL 33908	☐ Delete		I .				☐ Change	☐ Addition	E024 /40/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I .				Change	☐ Addition	100
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	sortifu that the	a information quantitad with the	Delete	CITY-	T ADDRESS ST-ZIP	in Section 1	19.07(3)(i) Florida Statutos (f		Change	Addition	

I nereby certify that the information supplied with this filling 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR