

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90047 006 \*\*\*\*55.00

**DOCUMENT # L02000022910**

**1. Entity Name**  
**APPLEGATE DEVELOPMENT, L.L.C.**



**Principal Place of Business**  
8811 STATE ROAD 52, SUITE 26  
HUDSON FL 34667

**Mailing Address**  
8811 STATE ROAD 52, SUITE 26  
HUDSON FL 34667

**20019046**



**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**

01-0744275

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

WOOD, BRADLEY J ESQ  
2639 NINTH STREET NORTH  
ST PETERSBURG FL 33704

**7. Name and Address of New Registered Agent**

Name **DAVID D. APPEGATE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8811 State Road 52**  
**Suite 26**  
City **Hudson, Fla.** **FL** Zip Code **34667**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*David Applegate* **DAVID APPEGATE** **1-20-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM** ☐ Delete  
NAME **APPEGATE, DAVID D TRUSTEE**  
STREET ADDRESS **8811 STATE ROAD 52, SUITE 26**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

*David Applegate*

**DAVID APPEGATE**

**1-20-03 862-8199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)