## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # M94370

1. Entity Name

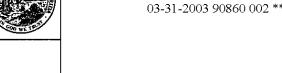
APPLES OF VERO, INC.

Principal Place of Business



## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90860 001 \*\*\*150.00 03-31-2003 90860 002 \*\*\*\*\*8.75



1025 EASTER LILY LANE #2 VERO BEACH FL 32963 US			1025 EASTER LILY LANE #2 VERO BEACH FL 32963 US						
2. Principal P	lace of Business	3. Mail	3. Mailing Address				IDII ALDIR DEBEL I	IEII AIAII BIO	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	9	City	City & State			1. FEI Number 65-0067784 Applied F			olied For Applicable
Zip	Country	Zip		Country	5. (	Certificate of Status Desired		75 Addi	itional
-	6. Name and Address	of Current Registere	ed Agent		7.1	Name and Address of New Reg	istered Age	nt	
PERRY, NANCY			Name Street Address		dress (P.O. B	(P.O. Box Number is Not Acceptable)			
1026 FLAMEVIDE LANE, #103 VERO BEACH FL 32963									
VERU DEA	NON FL 32903			City			FL	Zip Code	
the obligations signature .	named entity submits this s ions of registered agent. Signature, typed or printed name of re	·		egistered office or I	•	ent, or both, in the State of Fiorio	da. I am fam	liar with, a	and accept
<sup>∉</sup> After Make-Check	LE NOW!!! FEE IS \$1 May 1, 2003 Fee will be Payable to Florida Depa	\$550.00 artment of State				Election Campaign Finar Trust Fund Contribution.		Added	May Be to Fees
10.		CERS AND DIRECTO		11.	AD	DITIONS/CHANGES TO OFFIC			
	D PERRY, NANCY 1026 FLAMEVIDE LANE VERO BCH FL	#103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ļ	] Change	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all of the powered.

SIGNATURE:

THE AND TOPED OR PHILLIPPED 3-28-03 (7)
THE AND TOPED OR PHILLIPPED NAME OF SIGNING OFFICE ABBORRECTION 2 PARTY Date