

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90024 001 \*\*\*150.00

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 AV

**DOCUMENT # P00000012759**

1. Entity Name

APPLE RECOVERY SOLUTIONS, INC.

Principal Place of Business

101 N. OCEAN DRIVE  
 SUITE 208  
 HOLLYWOOD FL 33019

Mailing Address

101 N. OCEAN DRIVE  
 SUITE 208  
 HOLLYWOOD FL 33019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1940 Harrison St  
 Suite, Apt. #, etc.  
 Mezzanine A

3. Mailing Address

PO BOX 221130  
 Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0992393

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33022-1130

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GOODALL, CHRISTOPHER  
 101 N OCEAN DRIVE  
 # 208  
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name James Kahn  
 Street Address (P.O. Box Number is Not Acceptable)  
1940 Harrison St  
Mezzanine A  
 City Hollywood FL Zip Code 33020

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

James W. Kahn

James Kahn

5/20/2002

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, 2002 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

TITLE D ☐ Delete  
 NAME KAHN, JAMES W  
 STREET ADDRESS 12201 S.W. 100TH STREET  
 CITY-ST-ZIP MIAMI FL 33186

TITLE D ☒ Delete  
 NAME GOODALL, BRENDA G  
 STREET ADDRESS 1031 WATERSIDE LANE  
 CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ 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:

James W. Kahn  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/2002 (954) 922-4955

CR2E034 (9/01)