

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085469

1. Entity Name  
APPLE INVESTMENT GROUP, INC.

Principal Place of Business  
2788 NE 5 STREET  
POMPANO BEACH FL 33062-4925

Mailing Address  
2788 NE 5 STREET  
POMPANO BEACH FL 33062-4925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-1055559

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATHBURN, PATRICIA  
217 NE SECOND STREET  
FT LAUDERDALE FL 33301

Name: Applegate, Edward  
Street Address (P.O. Box Number is Not Acceptable): 2788 NE 5 STREET  
City: Pompano Beach FL Zip Code: 33062

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

(NOTE: Registered Agent signature required when consulting)

Edward Applegate

4-18-01  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☐ Delete  
NAME: APPLGATE, EDWARD  
STREET ADDRESS: 2788 NE 5 STREET  
CITY-ST-ZIP: POMPANO BEACH FL 33062-4925

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

TITLE: D ☐ Delete  
NAME: APPLGATE, MARION  
STREET ADDRESS: 2788 NE 5 STREET  
CITY-ST-ZIP: POMPANO BEACH FL 33062-4925

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Change ☐ Addition

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 an officer like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-Pres

4-18-01

Date

954-783-1902

Daytime Phone #

CR2E034 (10/00)

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90069 027 \*\*\*158.75



DO NOT WRITE IN THIS SPACE