

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90422 036 ***158.75

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. FEI Number **65-1055559**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75*Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APPLEGATE, EDWARD
 2788 NE 5 STREET
 POMPANO BEACH FL 33062**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

4-12-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEGATE, EDWARD	
STREET ADDRESS	2788 NE 5 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062-4925	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEGATE, MARION	
STREET ADDRESS	2788 NE 5 STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062-4925	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Applegate **4-12-02** **954-895-2232**
 Date Daytime Phone #

CR2E034 (9/01)