

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90238 031 ***150.00

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DOCUMENT # P01000010894

1. Entity Name

APPEL & ASSOCIATES, INC.

Principal Place of Business

**1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236**

Mailing Address

**1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236**

2. Principal Place of Business

30605 Saddlebag Trail
Suite, Apt. #, etc.

3. Mailing Address

30605 Saddlebag Trail
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Myakka City FL
Zip **34251** Country **USA**

City & State

Myakka City FL
Zip **34251** Country **USA**

4. FEI Number
65-1072187

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOLDSMITH, STANLEY A
1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Christine Appel**
Street Address (P.O. Box Number is Not Acceptable)
30605 Saddlebag Trail
City **Myakka City FL** Zip Code **34251**

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 **Christine Appel** - **3/29/02**
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	<input type="checkbox"/> Delete
NAME	APPEL, CHRISTINE	
STREET ADDRESS	5450 DE SOTO ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPEL, STEVEN M	
STREET ADDRESS	5450 DE SOTO ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPAST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPEL, CHRISTINE	
STREET ADDRESS	(address unchanged) 30605 Saddlebag Trail	
CITY-ST-ZIP	Myakka City, Florida 34251	
TITLE	DVPSAT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPEL, STEVEN M.	
STREET ADDRESS	(address unchanged) 30605 Saddlebag Trail	
CITY-ST-ZIP	Myakka City, Florida 34251	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Christine Appel, President** **3/29/02** **941-650-4320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0341 (9/01)