

2002 UNIFORM BUSINESS REPORT (UBR)

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

050998 AV

DOCUMENT # P01000010894

1. Entity Name
APPEL & ASSOCIATES, INC.

04-08-2002 90238 031 ***150.00

Principal Place of Business
1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

Mailing Address
1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30605 Saddlebag Trail
Suite, Apt. #, etc.

3. Mailing Address
30605 Saddlebag Trail
Suite, Apt. #, etc.

City & State
Myakka City FL

City & State
Myakka City FL

4. FEI Number
65-1072187

Applied For
 Not Applicable

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

Zip Country
31251 USA

Zip Country
34261 USA

6. Name and Address of Current Registered Agent
GOLDSMITH, STANELY 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
31251

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAST APPEL, CHRISTINE (address unchanged) 30605 Saddlebag Trail Myakka City, Florida 31251 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPSAT APPEL, STEVEN M. (address unchanged) 30605 Saddlebag Trail Myakka City, Florida 31251 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Christine Appel Christine Appel, President 3/29/02 941-650-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)