FILED
Sep 12, 2002 8:00 am
Secretary of State
09-12-2002 90092 030 ***558.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013712

1. Entity Name
Appletree Building Co. of Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5384 Poplar Ave.		5384 Poplar Ave.	
Suite, Apt. #, etc. Suite 414		Suite, Apt. #, etc. Suite 414	
City & State Memphis, TN		City & State Memphis, TN	
Zip 38119	Country Shelby	Zip 38119	Country Shelby

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2608941 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Judy Levine

Street Address (P.O. Box Number is Not Acceptable): 3625 N. Country Club Dr., Apt 2202

City: Adventura FL Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - March 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
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	Eva Fleischer, President 5384 Poplar Ave., Suite 414 Memphis, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca Hanover, Secretary 5384 Poplar Ave., Suite 414 Memphis, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eva Fleischer President (901) 682-3775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #