

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90130 040 \*\*\*150.00

0425239  
AV

**DOCUMENT # P02000091047**

1. Entity Name  
**APPLE TREE MANAGEMENT, CORP.**



Principal Place of Business  
**7318 LAKE WORTH RD  
LAKE WORTH FL 33467**

Mailing Address  
**7318 LAKE WORTH RD  
LAKE WORTH FL 33467**



2. Principal Place of Business  
**7318 LAKE WORTH RD**

3. Mailing Address  
**7318 LAKE WORTH RD**

Suite, Apt. #, etc.  
**PMB 311**

Suite, Apt. #, etc.  
**PMB 311**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE WORTH**

City & State  
**LAKE WORTH**

4. FEI Number  
**76-078370**

Applied For  
Not Applicable

Zip  
**33467**

Country  
**PALESTINE**

Zip  
**33467**

Country  
**PALESTINE**

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

**6. Name and Address of Current Registered Agent**

**RATFIELD, LOUIS W  
7318 LAKE WORTH RD  
LAKE WORTH FL 33467**

**7. Name and Address of New Registered Agent**

Name  
**LOUIS W. RATFIELD**  
Street Address (P.O. Box Number is Not Acceptable)  
**7318 LAKE WORTH RD, PMB 311**  
City  
**LAKE WORTH** **FL** Zip Code  
**33467**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4.11.03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**4.11.03**

Daytime Phone #  
**561.662.9822**

CR2E034 (10/02)