

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030532

1. Entity Name

THE APPLE HOUSE, INC.

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90338 018 ***158.75

Principal Place of Business

Mailing Address

422 PLEASANT ST
P.O. BOX 49
POMONA PARK 32181

P.O. BOX 49, 422 PLEASANT ST
POMONA PARK FL 32181
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3255140

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLSAAPPLE, LINDA M
422 PLEASANT ST.
POMONA PARK FL 32181

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: *Linda M. Holsapple*
Signature, typed or printed name of registered agent and title if applicable.

Linda M. Holsapple
NOTE: Registered Agent signature required when reinstating.

3-1-01
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, 2001 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 PD ☐ Delete
NAME HOLSAAPPLE, LINDA M
STREET ADDRESS PO BOX 49 158 LAKE ST
CITY-ST-ZIP POMONA PARK FL 32181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLSAAPPLE, GERALD W
STREET ADDRESS PO BOX 49 158 LAKE ST
CITY-ST-ZIP POMONA PARK FL 32181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Linda M. Holsapple, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 904-698-1444
Date Daytime Phone #

CR2E034 (10/00)