

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048654

1. Entity Name
CATHY APPLETON, P.A.

Principal Place of Business
1118 E. ATLANTIC AVE.
E-1
DELRAY BEACH FL 33483
US

2. Principal Place of Business
1260 S. Federal Hwy
Suite, Apt. #, etc.
201
City & State
Boynton Beach, FL
Zip 33435 Country Palm Beach

3. Mailing Address
1118 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Suite, Apt. #, etc.
201
City & State
Boynton Beach, FL
Zip 33435 Country Palm Beach

4. FEI Number 65-0503374
Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

APPLETON, CATHY
1118 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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

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 APPLETON, CATHY 1118 E. ATLANTIC AVE. DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Cathy Appleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 541 369-3525

Date

Daytime Phone #

CR2E034 (9/01)