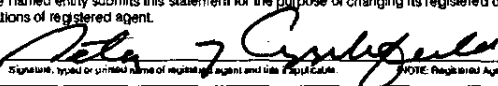
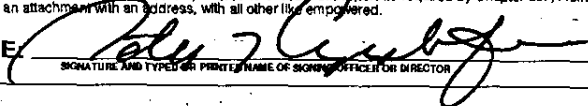


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90239 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000018789			
1. Entity Name PETER APPLEFIELD INC.			
Principal Place of Business 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403		Mailing Address 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 US	
2. Principal Place of Business 5601 Corporate Way Suite, Apt. #, etc. Suite 404 City & State West Palm Beach Zip 33407 Country US		3. Mailing Address 5601 Corporate Way Suite, Apt. #, etc. Suite 404 City & State West Palm Beach Zip 33407 Country US	
4. FEI Number 65-0646461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent APPLEFIELD, PETER J 3555 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33403	
7. Name and Address of New Registered Agent Name Peter J. Applefield Street Address (P.O. Box Number is Not Acceptable) 5601 Corporate Way Suite 404 City West Palm Beach FL Zip Code 33407		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  DATE 4/18/03 Signature, typed or printed name of registered agent and title (Applicable) NOTE: Registered Agent's signature required when resigning)	
FILE NOW! FEE IS \$150.00 After May 15, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D APPLEFIELD, PETER J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Applefield, Peter J 5601 Corporate Way Suite 404 West Palm Beach, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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  DATE 4/18/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case Daytime Phone #	

CR2E034 (10/02)