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.

11016914

Principal Place of Business	Mailing Address
3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 US

2. Principal Place of Business		3. Mailing Address	
5601 Corporate Way		5601 Corporate Way	
Suite, Apt. #, etc. Suite 404		Suite, Apt. #, etc. Suite 404	
City & State West Palm Beach		City & State West Palm Beach	
Zip 33407	Country US	Zip 33407	Country US

☐ CHECK HERE IF MAKING CHANGES

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 [signature] 4/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	APPLEFIELD, PETER J		NAME	Applefield, Peter J.	
STREET ADDRESS	3555 NORTHLAKE BLVD.		STREET ADDRESS	5601 Corporate Way Suite 404	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403		CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #