

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91189 009 ***150.00

DOCUMENT # **P970000001004** ✓

1. Entity Name
Appian Sage Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
119 Tomoka Trail
Suite, Apt. #, etc.

3. Mailing Address
119 Tomoka Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, Florida
Zip
32779 Country
USA

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Longwood, Florida
Zip
32779 Country
USA

4. FEI Number
59-3417205

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Judith B. Friedland

Street Address (P.O. Box Number is Not Acceptable)
340 Crown Oak Centre Dr.

1

City
Longwood,

FL

Zip Code
32750

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
Judith B. Friedland
340 Crown Oak Centre Dr.
Longwood, Florida 32750

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IN THIS SPACE**

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 on an attachment with an address, with all other like empower.

SIGNATURE:

Judith B. Friedland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

407-788-2490

Daytime Phone #

CR2E034B (12/01)