200	2 UNI	FORM BUSI	NESS REPO	RT	(UBI	R)		-	*		!	
DOCUMENT # P9700001657					• • • •		APPHOYEL					
PUBLIC TECHNOLOGIES, INC.									的			
		_						02 JUN 10	6			
Principal Place of Business			Mailing Address				02 JUN 12 AM 8:11					
6289 W SUNRISE BLVD SUNRISE FL 33313			6289 W SUNRISE BLVD SUNRISE FL 33313					SECRETARY (	OF STATE	E		
US			US							Î III III		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	20	DO NOT WRITE	IN THIS SE	PACE		
City & State			City & State		1	4. FEI Number	65-0724647	·····		oplied For		
Zip Country		Zip Coun		ntry		5. Certificate c	of Status Desired		8.75 Add	ditional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered						
GARDNER, IAN						Name						
6289 W SUNRISE BLVD, #114					Street A	ddress (P.	O. Box Number	r is Not Acceptable)				
SUNRISE FL 33313					City					Zip Code	^	
8. The above named entity submits this statement for the purpose of changing its registered office of						registered						
SIGNATURE	B1:	the mes						I, in the state of Flori	///2	2_		
O This para		or printed name of registered agent and	title if applicable. (NOTE				hen reinstating)	/	DATE			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 200 Make Check Payab	will be \$5	50.00	0.00 10. Election Campaign Financing \$5.00 M						
11.	PDS	OFFICERS AND D	IRECTORS  Delete	12. TITL	-	T	ADDITIONS/C	CHANGES TO OFFIC		DIRECTORS  Change	_	
NAME STREET ADDRESS CITY-ST-ZIP	GARDNER	UNRISE BLVD, 3114	□ Delete	NAM STRE		:			'	change	☐ Addition	
TITLE	001111100		☐ Delete	TITL					[	Change	Addition	
NAME STREET ADDRESS				NAM STRE	E Et address		50	00058 06/18/0	203	65-	9	
CITY-ST-ZIP TITLE			□ D.144	-	-ST-ZIP			-05/18/0 	)2U11 <del>1.80  </del>	リ(ラーー() <del>  ****15</del>	0 <del>,00</del>	
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STREET ADDRESS CITY-ST-ZIP					et address -St-Zip							
TITLE NAME		A /	☐ Delete	TOTLE					[	Change	Addition	
STREET ADDRESS				NAMI STRE	E Et address							

13. I hereby certify that the information supplied with this filling 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 reportify 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.

CITY-ST-ZIP

SIGNATURE: 🖄

CITY-ST-ZIP

June 6, 2002

TO:

Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32399

ATTN:

**UBR** 

To Whom It May Concern:

Please excuse my delay in forwarding these returns. The excusable neglect was due to a change in bookkeepers and only today did we realize that the previous bookkeeper did not forward the returns as required. We only realized this after going through the desk, as we did not receive any follow-up notices. Please accept my apologies and my seven (7) filings.

Thanking you,

Yours truly,

lan Gardner

6289 W. Sunrise Blvd. Suite 114

Sunrise, FL 33313

(954) 581-9659