2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700051094 1. Poblic Name GREEN APPLE INTERNATIONAL ASSETS, INC.				OI DEC -3 PM 6: 12		
Principal Place of Business Mailing Address				- 3 PM 6: 12		
3825 W. HENDERSON 3825 W. HENDERSON					4.15	
200 200						
TAMPA FL 33629	TAMPA FL 33629				OPIRI BIRRI INDI BRILA	HALLI BLOK LOOK
Principal Place of Business 3. Mailing Address						
3825 W. Henderson 3825 W. Henderson				Burns Burns In Jan 40 Arts 2000 1 Art 1992 2 Art 1992	D Data	λ
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				RELIGIO PONOTIVATE NET	HIS SPACE (1
City & State City & State				4. FEI Number	COCCAS	plied For
Tampa FL	Tampa FL			59-3460444		ot Applicable
Zip' Country 33629	Zip 33629	Country	į	5. Certificate of Status Desired	\$8.75 Add	
6. Name and Address of Current				7. Name and Address of New Registe	<u> </u>	
		Name				
REIBER, SAM I 601 E. TWIGGS ST., STE. 200			Street Address (P.O. Box Number is Not Acceptable)			
						•
TAMPA FL 33602				10-		
		City		į	FL Zip Code	Э
8. The above named entity submits this statement for	the purpose of changing its r	registered office	or register	ed agent, or both, in the State of Florida.	· •	
SIGNATURE Deller				11/70	101	
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)	(TE	<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2! Make Check Payable			be \$750.0		_ 40.0	0 May Be to Fees
11. OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE CP	☐ Delete	TITLE	PT		Change	Addition
NAME PELT, J.T. STREET ADDRESS 15304 TIMBERWOOD DRIVE		NAME STREET ADDRESS	Terr	y Hannah 4 Timberwood Drive		
CITY-ST-ZIP TAMPA FL 33625		CITY-ST-ZIP		DA FL 33625	/	
TITLE VS	☐ Delete	TITLE	VS		Change	Addition
STREET ADDRESS 15804 TIMBERWOOD DRIVE		NAME STREET ADDRESS		n Buchman		
CITY-ST-ZIP TAMPA FL 33625		CITY-ST-ZIP	1.020	w. Henry in FL 33604		
TITLE VD	☐ Delete	TITLE	D	1 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Change	☐ Addition
SHELLENBERGER, BOB		NAME	Sam	Reiber		_
STREET ADDRESS325A AVERY AVENUE CITY-ST-ZIP PALM HARBOR FL 34684		STREET ADDRESS CITY-ST-ZIP		Twiggs #200		
TITLE VD	☐ Delete	TITLE	rampa	FL 33602	☐ Change	☐ Addition
NAME LINSKY, MITCHEL		NAME		1 13	onlings	
STREET ADDRESS 4723 W. ANITA BLVD. CITY-ST-ZIP - TAMPA FL 33611		STREET ADDRESS CITY-ST-ZIP	1	0.0		
TITLE M	☐ Delete	TITLE	1	12/1/1"	☐ Change	Addition
NAME DEXTER, KASEY	_ Delice	NAME		\\\\\ 400004719		_ (
STREET ADDRESS 641 LEXINGTON STREET		STREET ADDRESS		-12/11/01	-0108000)6
CITY-ST-ZIP DUNEDIN FL 34698		CITY-ST-ZIP	-	****750.00	<u> </u>	1.00
NAME REIBER, SAM I	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS 601 E. TWIGGS #200		STREET ADDRESS				
CITY-ST-ZIP TAMPA FL 33602		CITY-ST-ZIP	1			1

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.

IGNATURE:

| Signature and tryeto of Printed NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: