

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90120 038 ***550.00

DOCUMENT # P98000046839

1. Entity Name
APPLICON TECHNOLOGIES, INC.

Principal Place of Business Mailing Address
35111 U.S. HIGHWAY 19 NORTH, STE. 302 **35111 U.S. HIGHWAY 19 NORTH, STE. 302**
PALM HARBOR FL 34684 **PALM HARBOR FL 34684**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3518738** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAIR, ANDREA M.
35111 U.S. HIGHWAY 19 NORTH, STE. 302
LENTZ & FAIR, P.A.
PALM HARBOR FL 34684

Name **H. JAMES LENTZ**
 Street Address (P.O. Box Number is Not Acceptable)
35111 U.S. HIGHWAY 19 N.
SUITE 302
 City **PALM HARBOR** FL Zip Code **34684**

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 **H. JAMES LENTZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

8/21/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$850.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP LENTZ, H. JAMES 35111 U.S. HIGHWAY 19 NORTH, STE. 302 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with another who is empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/02

Date

(727) 787-8700

Daytime Phone #