

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000102253**

1. Entity Name

APPLETREE PROFESSIONAL SERVICES INC.

Principal Place of Business

**108 COMM'L WAY
SPRING HILL, FL
34606**

Mailing Address

**108 COMM'L WAY
SPRING HILL, FL
34606**

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

01 JUL 25 AM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

**JAMES MARCI
8090 GREENBRIER CT
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **D, P, 3** ☐ Delete
NAME **JAMES MARCI**
STREET ADDRESS **8090 GREENBRIER CT.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700004536917--3
-08/15/01--01088--008
******300.00 ****300.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE

JAMES MARCI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/01
Date

352-684-1800
Daytime Phone #

CR2E034 (11/00)

PG 282
James, Darren & Co.

Accountants & Auditors

July 16, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: APPLETREE PROFESSIONAL SERVICES, INC.
P98000102253

Gentlemen:

As we discussed in our telephone conversation, enclosed is a check for \$300.00 to cover the reinstatement of the above corporation. I am requesting that you waive the penalty for the reinstatement.

The address for the corporation changed and we did not receive the annual report form. Please note that the new address for the corporation is:

108-Commercial-Way
Spring Hill, FL 34606

The Registered Agent, Director, President and Sec'y/Treas. is:

James E. Marci
8090 Greenbrier Ct.
Spring Hill, FL 34606

Thanks for all your help.

Sincerely,


James E Marci
JEM/vh

116 Commercial Way, Suite 5
Spring Hill, Florida 34606

Phone: 352-684-1800
Fax: 352-684-2002