

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106053

1. Entity Name

APPSCOM INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 048 ***150.00

Principal Place of Business

1377 CLINT MOORE ROAD
BOCA RATON FL 33487

Mailing Address

1377 CLINT MOORE ROAD
BOCA RATON FL 33487-2722

2. Principal Place of Business

1601 Clint Moore Rd.

3. Mailing Address

1601 Clint Moore Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0953772

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

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

ZALENSKI, ANTHONY F
1377 CLINT MOORE ROAD
BOCA RATON FL 33487

Name Robert Federspiel

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

151 N.W. First Avenue

City

Delray Beach,

FL

Zip Code
33444

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME ZALENSKI, ANTHONY F
STREET ADDRESS 1377 CLINT MOORE ROAD
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ Change ☒ Addition
NAME Robert Ferguson
STREET ADDRESS 1601 Clint Moore Rd.
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)