

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90374 004 \*\*\*150.00

DOCUMENT # P98000106053

1. Entity Name

Appscom Inc.

Principal Place of Business

1601 Clint Moore Rd.  
 Boca Raton, FL 33487  
 US

Mailing Address

1601 Clint Moore Rd.  
 Boca Raton, FL 33487  
 US

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

65-0953772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Federspiel, Robert  
 151 NW First Ave.  
 Delray Beach, FL 33444

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Robert Federspiel

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

(NOTE: Registered Agent signature required when reinstating)

5/14/01

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 DP  
 NAME Edward Will  
 STREET ADDRESS 1601 Clint Moore Road  
 CITY- ST- ZIP Boca Raton, FL 33487 ☐ Delete

TITLE V  
 NAME R. Michael Brewer  
 STREET ADDRESS 1601 Clint Moore Road  
 CITY- ST- ZIP Boca Raton, FL 33487 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 STREET ADDRESS  
 CITY- ST- ZIP ☐ Change ☐ Addition

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

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: R. Michael Brewer

5/14/01

561-997-6227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-00

Daytime Phone #

CR2E034 (11/00)