

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029545

1. Entity Name

APALACH CLASSIC SYSTEMS, INC.

Principal Place of Business
% GREG LEACH
 431 RIDGE COURT
 NAPLES FL 34108

Mailing Address
% GREG LEACH
 431 RIDGE COURT
 NAPLES FL 34108

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90048 008 ***150.00

0499502 AV



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** 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

Name
MOORE, MICHAEL G
PARRISH & MOORE, P.A.
2171 PINE RIDGE ROAD, STE. D
NAPLES FL 34109
 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, 2002 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** Delete
 NAME **LEACH, SALLY**
 STREET ADDRESS **431 RIDGE COURT**
 CITY-ST-ZIP **NAPLES FL 34108**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LEACH, GREG**
 STREET ADDRESS **431 RIDGE COURT**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 941-598-2589
Date Daytime Phone #

CR2E034 (9/01)