2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am DOCUMENT # P99000038337 Secretary of State JANICE APPEL, INC. 04-07-2001 90025 010 ***150.00 Principal Place of Business Mailing Address RED BARN FLEA MARKET #22 JANICE LYNN APPEL 1707 1ST STREET EAST 8140 NATURES WAY #22 BRADENTON-FL-34202 BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address APPEL TANICE LYNN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6506 WATERS EDGEWAY City & State City & State Applied For 4. FEI Number 59-3578932 RADENTON Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MAHATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, WESTON F Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE W **BRADENTON FL 34205** City 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) FILE-NOW!!! FEE IS \$150.00 /~ 9. This corporation is eligible to satisfy its Intangible - - -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **Change** CR2E034 (10/00) ☐ Delete TITLE TITLE 6506 WATEL EDGE WAY APPEL, JANICE L NAME NAME Brodenton, FL 34202 6506 WATERS EDGE WAY IXChange 8370 WINGATE DRIVE #710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34238 TITLE TITLE ☐ Delete WEGER, ALAN G NAME NAME Bradenton FL 74202 STREET ADDRESS 8370 WINGATE DRIVE #710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Saction 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

4/4/01

941-907-7301