

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000049613

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: APPLER ARTZ, INC.

Current Principal Place of Business:

1706 TIVERTON ST.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1706 TIVERTON ST.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3578313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLER, SHARON
1706 TIVERTON ST.
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APPLER, SHARON
Address: 1706 TIVERTON ST.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P () Delete
Name: APPLER, SHARON
Address: 1706 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: APPLER, JAMES
Address: 1706 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON APPLER

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date