

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90055 036 ***150.00

DOCUMENT # P99000066754

1. Entity Name

PEERLESS BIG APPLE, INC.

Principal Place of Business

**9471 BAYMEADOWS RD.,STE.106
 JACKSONVILLE FL 32256**

Mailing Address

**9471 BAYMEADOWS RD.,STE.106
 JACKSONVILLE FL 32256**

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 **59-3594020**

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

**MANNING, G. STEPHEN
 9471 BAYMEADOWS RD.,STE.106
 JACKSONVILLE FL 32256**

Name

Manning, G. Stephen

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

9428 Baymeadows Rd., Suite 625

City

Jacksonville

FL

Zip Code **32256**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **KOHN, KEVIN R**
 STREET ADDRESS **9471 BAYMEADOWS RD.,STE.106**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PSD** ☐ Change ☒ Addition
 NAME **Harwell, Everett O.**
 STREET ADDRESS **9471 Baymeadows Rd., Suite 106**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Delete
 NAME **MANNING, G. STEPHEN**
 STREET ADDRESS **9471 BAYMEADOWS RD.,STE.106**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **CFOT** ☒ Delete
 NAME **CHASE, RAYMOND F**
 STREET ADDRESS **9471 BAYMEADOWS RD SUITE 106**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **VP** ☒ Delete
 NAME **SAROZA, ROBERT JR**
 STREET ADDRESS **4900 NW 36TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33142**

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

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
 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:

Everett O. Harwell

Everett O. Harwell

904-739-0399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)