

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000104674

1. Entity Name

APPLE DESIGNS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-19-2000 90011 025 ***150.00

Principal Place of Business

1146 CELEBRATION BLVD
CELEBRATION FL 34747

Mailing Address

1146 CELEBRATION BLVD
CELEBRATION FL 34747

2. Principal Place of Business

606 FRONT ST

Suite, Apt. #, etc.

3. Mailing Address

606 FRONT ST.

Suite, Apt. #, etc.

City & State

CELEBRATION FL

City & State

CELEBRATION FL

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA

4. FEI Number

52-1410818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 ERHART, SUSAN M
 420 ARBOR CIRCLE
 CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

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, 2000 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
 NAME ERHART, SUSAN M
 STREET ADDRESS 1146 CELEBRATION BLVD
 CITY-ST-ZIP CELEBRATION FL 34747
☐ Delete
 TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)