

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V63933**

1. Entity Name

APPLE ANNIE'S INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90059 010 ***150.00

Principal Place of Business 7139 S. U.S. ONE PORT ST LUCIE FL 34952	Mailing Address 7139 S. U.S. ONE PORT ST LUCIE FL 34952-1412
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7141 S. U.S. HIGHWAY 1 Suite, Apt. #, etc.	3. Mailing Address 7141 S. U.S. HIGHWAY 1 Suite, Apt. #, etc.
City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34952	Country ST. LUCIE

4. FEI Number 65-0356279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHAPIN, RALPH R
APPLE ANNIES INC
7139 S US HIGHWAY 1
PORT ST LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7141 S. U.S. HIGHWAY 1
City **PORT ST. LUCIE** **FL** Zip Code **34952**

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 *Ralph Chapin* **RALPH CHAPIN, TREASURER** **7 APR 00**
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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPIN, RALPH R 7139 S US HIGHWAY 1 PORT ST LUCIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPIN, GABRIELE O 7139 S US HIGHWAY 1 PORT ST LUCIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ralph Chapin* **RALPH CHAPIN TREASURER** **7 APR 00** **561-340-0477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)