

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90059 007 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 706774**

1. Entity Name

**SKY RANCH APARTMENTS, INC.**

Principal Place of Business

Mailing Address

SKY RANCH APTS. INC  
 3424 SE 12TH STREET  
 POMPANO BEACH FL 33062  
 US

3424 SE 12TH ST  
 POMPANO BEACH FLA 33062  
 US

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

**59-1102045**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LEERS, FRED A  
 3424 SE 12TH ST #C-3  
 POMPANO BEACH FL 33062~~

7. Name and Address of New Registered Agent

Name **BURKE, PATRICIA**

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

**3424 SE 12th ST #E-3**

City **POMPANO BEACH**

**FL**

Zip Code  
**33062**

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

*Patricia A. Burke*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

**2-28-02**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE **7**  
 NAME **LEERS, FRED A**  Delete  
 STREET ADDRESS **3424 S.E. 12TH ST. C-3**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VP**  
 NAME **THIELE, KARL**  Delete  
 STREET ADDRESS **3424 SE 12TH ST #E-5**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D**  
 NAME **DZIMINSKI, JOSEPH**  Delete  
 STREET ADDRESS **3424 SE 12TH ST #C-7**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D**  
 NAME **PICKETT, ERICKA**  Delete  
 STREET ADDRESS **3424 SE 12 ST, D2**  
 CITY-ST-ZIP **POMPANO BCH FL**

TITLE **S**  
 NAME **BURKE, PATRICIA**  Delete  
 STREET ADDRESS **3424 SE 12TH ST #E-3**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **S**  
 NAME **JOHNSON-KRAMER, JULIE**  Delete  
 STREET ADDRESS **3424 S.E. 12th STREET, A-6**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia A. Burke* **PATRICIA BURKE (PRES.)**

**2-18-02**

**(248) 437-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (8/01)

4/12/02/h.

MADE CHANGES 5/10/02