

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020852

1. Entity Name

APARTMENT RENTALS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91302 012 ***150.00

Principal Place of Business

Mailing Address

435 DOUGLAS AVE
STE 1506P
ALTAMONTE SPGS FL 32714
US

435 DOUGLAS AVE
STE 1506P
ALTAMONTE SPGS FL 32714
US

655989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

445 Douglas Ave
Suite, Apt. #, etc.
2205 J

445 Douglas Ave
Suite, Apt. #, etc.
2205 J

City & State
Altamonte Springs, Fl.

City & State
Altamonte Springs, Fl.

Zip
32714

Country
US

Zip
32714

Country
US

4. FEI Number 59-3303250

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

SANDLER, JACQUELINE C
1272 WYNDHAM PINE DR.
APOPKA FL 32712

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

Jacqueline C. Sandler, Pres.

4/25/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P SANDLER, JACQUELINE C 1272 WYNDHAM PINE DR. APOPKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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)(j), 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:

Jacqueline C. Sandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (407) 869-2370

CR2E034 (10/00)