

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90097 041 \*\*\*150.00

**DOCUMENT # P94000053091**



**1. Entity Name**  
**APARTMENTS UNLIMITED INC.**

**Principal Place of Business**  
**2045 MICHIGAN AVE.**  
**ST. PETERSBURG FL 33703**

**Mailing Address**  
**2045 MICHIGAN AVE.**  
**ST. PETERSBURG FL 33703**



**2. Principal Place of Business**  
**1712 Arrowhead Dr NE**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**1712 Arrowhead Dr NE**  
**Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**St Pete FL**  
**Zip**  
**33703**

**City & State**  
**St Pete FL**  
**Zip**  
**33703**

**4. FEI Number** **59-3327777**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FRIEDMAN, OSCAR B**  
**2045 MICHIGAN AVE.**  
**ST. PETERSBURG FL 33703**

**7. Name and Address of New Registered Agent**

**Name** **Friedman, Oscar B**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1712 Arrowhead Dr NE**

**City** **St Pete** **FL** **Zip Code** **33703**

**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. I am familiar with, and accept, the obligations of registered agent.**

**SIGNATURE** **O Friedman**

**DATE** **1/9/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PT** ☐ **Delete**  
**NAME** **FRIEDMAN, OSCAR B**  
**STREET ADDRESS** **2045 MICHIGAN AVENUE**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33703**

**TITLE** **VPS** ☐ **Delete**  
**NAME** **BALES, SUSAN**  
**STREET ADDRESS** **2045 MICHIGAN AVENUE**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33703**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

**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 607, 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:**

**SIGNATURE REQUIRED** **O Friedman**

**DATE** **1/9/03** **727-648-5700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)