

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703112

1. Entity Name

MARIE ANTOINETTE APARTMENTS, INC.

Principal Place of Business

Mailing Address

2221 N ATLANTIC BLVD
FT. LAUDERDALE FL 33305
US

255 CLOVER RIDGE
~~255 CLOVER RIDGE~~
FORT THOMAS KY 41075
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. THOMAS KY

Zip

Country

Zip

Country

41075 CAMPBELL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHIL SOUSA
2221 N ATLANTIC BLVD
FT LAUDERDALE FL 33305

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPALDING, JOHN L
110 WESSIX COURT
FORT THOMAS KY 41075 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
SOUSA, J PHILIP
255 CLOVER RIDGE
FORT THOMAS KY 41075 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
SCHILLING, RICK
159 COCONUT PALM RD.
BOCA RATON FL 33432 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-V P-Secretary
SCHILLING, RICK
289 COCONUT PALM RD.
BOCA RATON, FL 33432 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 859-291-2222

Date

Daytime Phone #

CR2E037 (9/01)

0092241

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90071 041 ****61.25



DO NOT WRITE IN THIS SPACE