2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90055 004 ****61.25

DOCUMENT # 719722

1. Entity Name

THE VICTORIAN CONDOMINIUM APARTMENTS, INC.

Principal Place of Business	Mailing Address
2401 PARK AVE. APT. 2 RIVIERA BEACH FL 33404	2401 PARK AVE. APT. 2 RIVIERA BEACH FL 33404

J33844

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ 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
MALT, ALFRED S. 2401 PARK AVE, APT 2 RIVIERA BEACH FL 33404	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	P HEAL, CHARLES S SALEM RD. BURLINGTON, N J	☒ Delete	P DR. GORDON N. LOCKHART RT 70 & HAYNES CK LANE MEDFORD, N. J.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOCKHART, DR. GORDON N RT 70 & HAYNES CR LANE MEDFORD, N J	☒ Delete	V. P. MARTHA HEAL SALEM ROAD BURLINGTON, N.J	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MALT, ALFRED 2401 PARK AVE, APT. 2 RIVIERA BEACH FL	☐ Delete	D. ELIZABETH LOCKHART RT 70 & HAYNES CR. LANE MEDFORD, N.J.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEAL, MARTHA SALEM RD BURLINGTON, MJ	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICKSON, RALPH 2401 PARK AVE, APT #1 RIVIERA BEACH FL 33404-4712	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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 OF REQUIRED 4/17/01 561-848-6399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #