2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

| DOCUMENT | # (| G1 | 36 | 77 |
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1. Entity Name

SAND COVE APARTMENTS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90033 039 ***150.00

| C/O ROY J. 5635 7TH AV | rincipal Place of Business /O ROY J. DEEB C/O ROY J. DEEB S35 7TH AVE N. T. PETERSBURG FL 33710 Mailing Address C/O ROY J. DEEB S635 7TH AVE N. S635 7TH AVE N. ST. PETERSBURG FL 33710 | | 00003498 | | | | | | | |
|--|--|--------------------------------|--------------------------------|-----------------|---|--|---------------------------------------|----------------|-------------------|------------|
| Principal Place of Business 3. Mailing Address | | | - | | | | | | | |
| ì | ite, Apt. #, etc. Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | | |
| City & Sta | ate | | City & State | | 4. FEI Number 59-223714 | FEI Number 59-2237143 Applied Not Appl | | | | |
| Zip | C | ountry | Zip | Zip Country | | 5. Certificate of Status Desired | ¢0.75 A | | | |
| | 6. Name and | Address of Current | Registered Age | ent | | | 7Name and Address of New | Registered A | | |
| | | | | - | Na | ame | | | | |
| DEEB, RO | OY J. | | | _ | | | <u> </u> | | | |
| 5635 7TH | 1 AVE N. | | | | 50 | reet Address (| P.O. Box Number is Not Acceptab | le) | | |
| ST. PETE | RSBURG FL 337 | ' 10 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | Ci | ty | | FL | Zip Cod | le |
| 8. The above | e named entity sub | mits this statement for | the purpose of | changing its re | egistered of | fice or register | ed agent, or both, in the State of F | lorida. I am f | amiliar with. | and accept |
| the obliga | ations of registered | agent. | | | | | | | | |
| SIGNATURE | : | | | | | | | | | |
| | | ted name of registered agent a | nd title if applicable. | (NOTE: I | Registered Agen | t signature required | when reinstating) | DATE | | |
| 4 | FILE NOW!!! F | EE IS \$150.00 | | | | | | ***** | | |
| | | ee will be \$550.00 | | | | | 9. Election Campaign F | _ | \$5.0 | 0 May Be |
| Make Chec | k Payable to Flo | rida Department of | State * | | | | Trust Fund Contribution | on. L | Added | to Fees |
| 10. | | OFFICERS AND I | DIRECTORS | | 11. | - | ADDITIONS/CHANGES TO OF | FICEDS AND | DIRECTOR | C IN 11 |
| TITLE | Р | | | Delete | TITLE | | ADDITIONS/OFIANGES TO OF | FICERS AND | Change | |
| NAME | DEEB, ROY J | | _ | a perete | NAME | | | | change | Addition |
| STREET ADDRESS | | N | | | STREET ADD | RESS | | | | |
| CITY-ST-ZIP | ST PETERSBU | RG, FL 00000 | | | CITY-ST-ZII | P | | | | |
| TITLE . | ٧ | | | Delete | TITLE | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition |
| NAME | DEMETREE, JA | CK C | _ | | NAME | Ì | | | L. Griange | Addition |
| STREET ADDRESS | 3740 BEACH E | | | | STREET ADD | RESS | | | | 1 |
| CITY-ST-ZIP | JACKSONVILLE | , FL 00000 | | | CITY-ST-ZIF | , | | | |] |
| TITLE | S | | | Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME | DEMETREE, W | LLIAM C | | | NAME | | | | ☐ Onlange | L AUGITOTI |
| STREET ADDRESS | 2240 EDGEWA | | | | | 1 | | • . | | |
| CITY-ST-ZIP | 19940 EDGETTA | ter drive | | | STREET ADD | RESS | · | • | | l |
| | ORLANDO, FL | _ | | | STREET ADDI | | | • | | |
| TITLE | | _ | |] Delete | 4 | | · | - | | Addition |
| NAME | ORLANDO, FL S DEEB, STEPHE | 00000 N W | <u> </u> |] Delete | CITY-ST-ZIF | | · | - | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | ORLANDO, FL S DEEB, STEPHE 976 AMSTON (| 00000 N W | |] Delete | CITY-ST-ZIF | , | · | - | ☐ Change | Addition |
| NAME | ORLANDO, FL S DEEB, STEPHE | 00000 N W | <u> </u> |] Delete | CITY-ST-ZIF TITLE NAME | RESS | | - | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | ORLANDO, FL S DEEB, STEPHE 976 AMSTON (| 00000 N W | | Delete | CITY-ST-ZIF TITLE NAME STREET ADDI | RESS | · | • | | |
| NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME | ORLANDO, FL S DEEB, STEPHE 976 AMSTON (| 00000 N W | | | CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF | RESS | · | • | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ORLANDO, FL S DEEB, STEPHE 976 AMSTON (| 00000 N W | | | CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE | RESS | · | • | | |
| NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME | ORLANDO, FL S DEEB, STEPHE 976 AMSTON (| 00000 N W | | | CITY-ST-ZIF TITLE NAME STREET ADDI CITY-ST-ZIF TITLE NAME | RESS | • | • | | |

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

Date