

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90036 001 ***150.00

449250



DO NOT WRITE IN THIS SPACE

DOCUMENT # H69758
 1. Entity Name
PINEWOOD APARTMENTS, INC.

Principal Place of Business Mailing Address
% CHARLES A. TAYLOR % CHARLES A. TAYLOR
2001 CRICKET LANE 2001 CRICKET LANE
VALRICO FL 33594 VALRICO FL 33594

2. Principal Place of Business 3. Mailing Address
17602 Old Oak Way 17602 Old Oak Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lithia FL Lithia FL
 Zip Country Zip Country
33547 USA 33547 USA

4. FEI Number **59-2580793** 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
TAYLOR, CHARLES A. Name
2001 CRICKET LANE 17602 Old Oak Way Street Address (P.O. Box Number is Not Acceptable)
VALRICO FL 33594 Lithia, FL 33547
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	DP TAYLOR, CHARLES A. 2001 CRICKET LANE VALRICO FL 33594 17602 Old Oak Way Lithia, FL 33547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17602 Old Oak Way CT Lithia, FL 33547 CT
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
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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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Taylor **4/28/02** **813 689 8684**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)