

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K49097**

1. Entity Name

PINE STREET APARTMENTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90083 018 ***150.00

04/8340

Principal Place of Business

**3438 ORLANDO DR
SUITE 150
ORLANDO FL 32805
US**

Mailing Address

**140 N ORLANDO AVE
STE 150
WINTER PARK FL 32805
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3031351**

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

**O'BRIEN, NEILL III
140 B. ORLANDO AVENUE
SUITE 150
WINTER PARK FL 32789**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 :

TITLE
NAME

**PSD
O'BRIEN, NEILL III
140 B. ORLANDO AVENUE, #150
WINTER PARK FL 32789**

☐ Delete

STREET ADDRESS
CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neill O'Brien III

Date

Daytime Phone

4/26/01 4076449600

CR2E034 (10/00)