

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90250 042 \*\*\*158.75

FORM 1 AV

**DOCUMENT # P00000025678**

1. Entity Name

**COLLEGE STATION APARTMENTS, INC.**



Principal Place of Business

**C/O DARYL CRAMER & ASSOCIATES, P.A.  
3801 PGA BLVD SUITE 500  
PALM BEACH GARDENS FL 33410**

Mailing Address

**C/O DARYL CRAMER & ASSOCIATES, P.A.  
3801 PGA BLVD SUITE 500  
PALM BEACH GARDENS FL 33410**

11017439



2. Principal Place of Business

**Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

City & State  
**Palm Beach Gardens, FL**

Zip **33410** Country **USA**

3. Mailing Address

**Daryl Cramer & Assoc., P.A.**

Suite, Apt. #, etc.  
**3801 PGA Blvd., # 508**

City & State  
**Palm Beach Gardens, FL**

Zip **33410** Country **USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3632038**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.  
515 NORTH FLAGLER DRIVE  
SUITE 910  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Daryl Cramer & Associates, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Boulevard  
Suite 508**  
City **Palm Beach Gardens** **FL** Zip Code **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Daryl B. Cramer**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete  
NAME **LUCCHESE, FABRIZIO**  
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**  
CITY-ST-ZIP **RICHMOND HILL, ONT CA L4B- 1C6**

TITLE **DVS** ☐ Delete  
NAME **MEYERS, WILLIAM P**  
STREET ADDRESS **105 WEST BEAVER CREEK, UNITS 9 & 10**  
CITY-ST-ZIP **RICHMOND HILL, ONT CA L4B- 1C6**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Fabrizio Lucchese**

Date

Daytime Phone #

**4-08-03 905-882-1212**

CR2E034 (10/02)