

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90308 043 ***150.00

A0062158

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000091301 ✓

1. Entity Name **DOWNTOWN APTS. NORTH, INC.**

Principal Place of Business
409 8TH ST. No.
ST. PETERSBURG, FL.
33701

2. Principal Place of Business
409 8TH ST. No.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7055
ST. PETERSBURG, FL.
33734

City & State
ST. PETERSBURG FL.

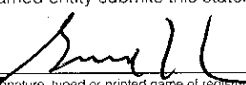
City & State
ST. PETERSBURG, FL

4. FEI Number **252412** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GERALD L. HOWE
19526TH AVE. NO
ST. PETERSBURG, FL
33704

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers 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  DATE **4/15/01**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	GERALD L. HOWE	19526TH AVE. NO.	ST. PETERSBURG, FL 33704	<input type="checkbox"/>
VICE PRESIDENT	HELEN M. HOWE	19526TH AVE. NO.	ST. PETERSBURG, FL 33704	<input type="checkbox"/>
SECRETARY	KATHLEEN N. HOWE	19526TH AVE. NO.	ST. PETERSBURG, FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **GERALD L. HOWE** DATE **4/15/01** Daytime Phone # **727-409-9131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)