

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90064 014 ***150.00

DOCUMENT # P00000095643

1. Entity Name

STONE BROOK APARTMENTS, INC.

Principal Place of Business

**1111-2 MONTICELLO LANE
PORT ORANGE FL 32119**

Mailing Address

**1111-2 MONTICELLO LANE
PORT ORANGE FL 32119**

2. Principal Place of Business

415 Oak River Dr.

3. Mailing Address

415 Oak River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Orange FL

City & State

St. Orange FL

Zip

32127

Country

USA

Zip

32127

Country

USA

4. FEI Number

59-3675678

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATCHETT, MARGARET M
1111-2 MONTICELLO LANE
PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent

Margaret M Patchett

Street Address (P.O. Box Number is Not Acceptable)

415 Oak River Dr.

City

St. Orange

FL

Zip Code

32127

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

Margaret M Patchett

4/17/02

Signature, typed or printed name of registered agent and title 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PATCHETT, MARGARET M	
STREET ADDRESS	1111-2 MONTICELLO LANE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATCHETT, STUART L	
STREET ADDRESS	1111-2 MONTICELLO LANE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Margaret M Patchett

Date

Daytime Phone #

CR2E034 (9/01)