

FILED

02 OCT 11 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061100

1. Entity Name
COLISEUM APARTMENTS, INC.

Principal Place of Business

118 6TH AVE. N. #215
ST. PETE FL 33701

Mailing Address

2032 MASSACHUSETTS AVENUE NE
ST. PETERSBURG FL 33703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3723181

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANE, BRAGG

2032 MASSACHUSETTS AVE. NE
ST. PETE FL 33701

7. Name and Address of New Registered Agent

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

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	CRANE, BRAGG	2032 MASSACHUSETTS AVE. NE ST. PETE FL 33701	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2034 (4/02)

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

Date

727-824-6062

Daytime Phone #

js 10/11/02

Attachment 42222

[Redacted]

P01000061100

Baywalk II, Park View
& Coliseum Apartments
OFFICE 430 3RD Ave N.
Mailing 2032 Massachusetts Ave NE
St. Petersburg, Florida 33703
727-826-6060
727-827-6062 Fax

8-6-02

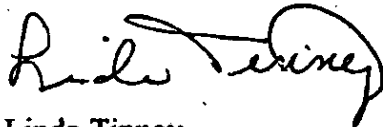
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Corporations,

Enclosed are checks for \$150.00 per corporation. This is the only notice that I have received for the corporations filing fee.

Baywalk Apartments, Inc # P99000091440
Park view Apartments, Inc. # P01000046343
Coliseum Apartments, Inc. # P01000061100

Sincerely Your,



Linda Tinney

Attachment 42222

To Whom it may concern:

#P01000061202

the registered agent is not a new one. A mistake was made in filling out this form. I was to the scratch out the section of the registered agent and send it back where you still have the money and will finish the filling.

Thank You