

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90147 019 ***150.00

DOCUMENT # P01000109038

1. Entity Name
CASA DEL SOL APARTMENTS, INC.



Principal Place of Business
12520 SPARKLEBERRY ROAD
TAMPA FL 33626

Mailing Address
12520 SPARKLEBERRY ROAD
TAMPA FL 33626



2. Principal Place of Business

16127 Lytham Dr.
Suite, Apt. #, etc.
Odessa FL

3. Mailing Address

16127 Lytham Dr.
Suite, Apt. #, etc.
Odessa FL

City & State

City & State

4. FEI Number **59-3754969**

Applied For
Not Applicable

☒ **CHECK HERE IF MAKING CHANGES**

Zip **33556**

Country

Hillsborough

Zip **33556**

Country

Hillsborough

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

6. Name and Address of Current Registered Agent

HARB, MAURICE D
12520 SPARKLEBERRY ROAD
TAMPA FL 33626

- New address

7. Name and Address of New Registered Agent

Name **HARB, MAURICE D.**
Street Address (P.O. Box Number is Not Acceptable) **16127 Lytham Dr.**
City **Odessa** **FL** **Zip Code** **33556**

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 **Maurice D. Hart**

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

(NOTE: Registered Agent signature required when reinstating)

3-17-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **HARB, MAURICE D**
STREET ADDRESS **12520 SPARKLEBERRY ROAD**
CITY-ST-ZIP **TAMPA FL 33626** **address change**

TITLE **HARB MAURICE, President** ☒ **Change** ☐ **Addition**
NAME **HARB MAURICE, President**
STREET ADDRESS **16127 Lytham Dr.**
CITY-ST-ZIP **Odessa FL 33556**

TITLE **D** ☐ **Delete**
NAME **HARB, NANCY A**
STREET ADDRESS **12520 SPARKLEBERRY ROAD**
CITY-ST-ZIP **TAMPA FL 33626** **address change**

TITLE **HARB, Nancy A. V.P.** ☒ **Change** ☐ **Addition**
NAME **HARB, Nancy A. V.P.**
STREET ADDRESS **16127 Lytham Dr.**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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: **Maurice D. Hart** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

813-926-3124

Daytime Phone #

CR2E034 (10/02)