


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 15 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>P01000120971</b>	
1. Entity Name <b>APTS, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3300 UNIVERSITY DRIVE</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>904</b>		Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS FL</b>		City & State	
Zip <b>33065</b>	Country	Zip	Country

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>20-0275758</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
		7. Name and Address of Current Registered Agent		
		Name <b>ARNOLD FREEDMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 UNIVERSITY DRIVE - SUITE 904</b> City <b>CORAL SPRINGS FL</b> Zip Code <b>33065-6312</b>		

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 *Arnold Freedman* **ARNOLD FREEDMAN, PRES.** 10/9/03  
(Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARNOLD FREEDMAN 3300 UNIVERSITY DRIVE-SUITE 904 CORAL SPRINGS, FL 33065-6312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700023806017 10/15/03--01023--024 **150.00</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arnold Freedman* **ARNOLD FREEDMAN** 10/9/03 954-647-6706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*g 10/16*

October 9, 2003

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

**re: APTS, Inc. P01000120971**

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 and the UBR for the above captioned corporation.

We respectfully request that the corporation be reinstated for the following reason.

The corporation's business office was changed and the form was never received.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Joel E. Jacobson



3300 UNIVERSITY DRIVE,  
SUITE 904  
CORAL SPRINGS, FL 33065-6312  
PHONE: 954-346-3200  
FAX: 954-755-8672  
EMAIL: JOELTAXPRO@AOL.COM  
WWW.CREATIVEACCOUNTING.BIZ