2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080856

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90129 020 ***150.00

Zip Country Zip Country St. 75 Againment	STROUD	APARTMENTS, INC.		THE STATE OF THE S				
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Suite, Apt. #, etc. City & State City & Cit								
City & State Sired Address of Current Registered Agent Name Sired Address (P.O. Box Number is Not Acceptable) Sired Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code The above nemed entity submits this statement for the burpose of chenging its registered office or registered agent. or both, in the State of Fordia. I am familiar with, and acceptable of fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable of fordia or separated agent. Significations or registered agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. In a post of the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. In a post of the State of Fordia or separated agent. Or both, in the State of Fordia. I am familiar with, and acceptable or fordia or separated agent. In a post of the State of Fordia or separated agent.	2. Principal I	Place of Business	3. Mailing Address	·				
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Zip Country Zip Country	00.00			<u>. </u>		CHECK HERE IF MAKIN	G CHANGES	S
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zin Coce City FL Zin Coce 8. The advow named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and acceptable agent and the spirators. Significant of registered agent and the spirators. Significant of Registered Agent agent and the spirators. P. FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS Delete INE ONY-ST-2P INE NAME SIRET ADDRESS ONY-ST-2P ONY-ST-2P ONY-ST-2P INE NAME SIRET ADDRESS ONY-ST-2P ONY-ST	City & Sta	te	City & State					Applied For
See Address of New Registered Agent 7. Name and Address of New Registered Agent Name	Zip	Country	Zip	Country		· · · · · · · · · · · · · · · · · · ·	\$8.75 Ac	dditional
SEFFRIES, DAVID M Street Addross (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent				Fee Requir	ed
BANK OF AMERICA PLAZA 101 EAST KENNEDY BOULEVARD \$1030 TAMPA FL 33602 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 accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida. I am familiar with, and accordance to registered agent, or both, in the State of Florida agent, or both, in t		-		Name	 _	7. Name and Address of New Registered	Agent	
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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 eath; that Lambar officer or discount.	2. I hereby ce	rtify that the information supplied with t	his filing does not qualify for		ted in Section	on 119 07(3)(i) Florida Statutos I fuebas and	futbot the	form of

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance, or on an attachment with an address, with all other like empowered.