2002 UNIFORM BUSINESS REPORT (UBR)						1 AMART		
DOCUMENT # P9400026916 1. Entity Name						/HILEDO O		
CACTUS APARTMENTS, INC.						O2 SETS -95 EM/12: 39 SECRETARY OF STATE AND TALLAHASSEE, FLOBIDA Off 221-19:		
Principal Place of Business 515 JOHN KNOX RD TALLAHASSEE FL 32303 US			Mailing Address 515 JOHN KNOX RD TALLAHASSEE FL 32303 US			SECRETARY OF STAT		, H- 9 21-197
2. Principal Place of Business 3. Mailing Address 502 Tal				Inflo St		T KORKUNDU KUE KANIK AKNIK CIŞAKI DOKUM ABRIK COKRA K	818	
Suite, Apt. #, etc. Suite, Apt. #, et						DO NOT WRITE IN THIS :	SPACE	
City & State Tallahassee, FL			City & State		-	4. FEI Number 59-3237503		pplied For
Zip Country 3230 8 Country		Zip 3230 %	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	-	and Address of Current I		/ <u>-</u>		7. Name and Address of New Registered		;d
WILCOX,		U	Name	(D	20.00			
	N KNOX RD	000		Street A	odress (P	P.O. Box Number is Not Acceptable)		
TALLAHA	303		City			Zip Cod		
8. The above	e named entit	v submits this statement for	the purpose of changing its	'	r registere	FL	· 1 '	ļ
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 (People 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!!! After September 13, Make Check Payable					e \$750.0			00 May Be d to Fees
11.	Inn	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	
		KNOX ROAD	Delete	TITLE NAME STREET ADDRESS	_	uner/ President ff Andrews 7 Tale to st	Change	Addition (7)
*CITY-ST-ZIP	TALLAHAS DST	SEE PL	Delete	CITY-ST-ZIP	Ta	Mahessee, FL 32	30 8	OBSE034
NAME STREET ADDRESS CITY-ST-ZIP	WILCOX, S	KNOX ROAD	□ Derete	NAME STREET ADDRESS CITY-ST-ZIP		4000076632 -09/11/0201	□ Change 2 54 — 0460	2
TITLE			Delète	TITLE	Sam. 1944	****150.00	****150 Change	Addition -
NAME STREET ADDRESS CITY-ST-ZIP		·		NAME STREET ADDRESS CITY-ST-ZIP	Ē		_ ,	
TITLE NAME STREET ADDRESS		. ,	☐ Delete	TITLE NAME			☐ Change	Addition
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		- M	☐ Change	Addition
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: 9/4/02 224-7300								

Attachment # Po

P94000026916

Dear Sir/Madam:

I purchased this corporation in February 2002 and wasn't aware of the UBR until now. The previous owner of the corporation didn't notify me that the filing of the UBR was necessary and since this is the first corporation I have had any dealings with, I wasn't aware of any annual corporation filing requirements.

I spoke with someone at your office who suggested I send this letter with a check for \$150 in hopes that you can waive the additional fees due to my ignorance in this matter.

Thank you,

Jeff Andrews

602 Talaflo St.

Tallahassee, FL 32308

(850) 224-7300

Mesal com