

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90077 015 ***150.00

DOCUMENT # P94000026916

1. Entity Name
CACTUS APARTMENTS, INC.



Principal Place of Business
602 TALAFLO ST
TALLAHASSEE FL 32308
US

Mailing Address
602 TALAFLO ST
TALLAHASSEE FL 32308
US



2. Principal Place of Business

602 Talaflo St.

3. Mailing Address

602 Talaflo St.

Suite, Apt. #, etc.

Tallahassee FL

Suite, Apt. #, etc.

City & State

City & State

Tall, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

4. FEI Number

59-3237503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX-W-E
515 JOHN KNOX RD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Jeff Andrews

Street Address (P.O. Box Number is Not Acceptable)

602 Talaflo St

City

Tallahassee

FL

Zip Code

32308

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

2/10/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OP	<input type="checkbox"/> Delete
NAME	ANDREWS, JEFF	
STREET ADDRESS	602 TALAFLO ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

2/10/03

Date

Daytime Phone #

CR2E034 (10/02)