2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90097 041 ***150.00

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DOCUMENT # P94000053091

1. Entity Name
APARTMENTS UNLIMITED INC.

Principal Place of Business	Mailing Address
~~2045 MICHIGAN AVE.~~	~~2045 MICHIGAN AVE.~~
ST. PETERSBURG FL 33703	ST. ~~PETERSBURG FL 33703~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1712 ARRowhead DR NE	← SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Pete FL	City & State: ST Pete FL
Zip: 33703 Country:	Zip: 33703 Country:

4. FEI Number 59-3327777 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDMAN, OSCAR B	Name: Friedman. Oscar B
2045 MICHIGAN AVE.	Street Address (P.O. Box Number is Not Acceptable): 1912 Arrowhead Dr NE.
ST. PETERSBURG FL 33703	City: ST Pete FL Zip Code: 33703

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: O Friedman 1/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	FRIEDMAN, OSCAR B	
STREET ADDRESS	~~2045 MICHIGAN AVENUE~~ 1912 Arrowhead DR NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPS	☐ Delete
NAME	BALES, SUSAN	
STREET ADDRESS	~~2045 MICHIGAN AVENUE~~ 1912 Arrowhead DR NE	
CITY-ST-ZIP	ST.PETERSBURG FL 33703	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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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: SIGNATURE REQUIRED O Friedman 1/9/03 727-648-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)