

2001 UNIFORM BUSINESS REPORT (UBR)

06-19-2001 90010 027 ***150.00

DOCUMENT # P97000067317

1. Entity Name

APARTMENT PERSONNEL OF FLORIDA, INC.

Principal Place of Business

4950 NORTH O'CONNER
IRVING, TX. 75062

Mailing Address

4950 NORTH O'CONNER
IRVING, TX. 75062

2. Principal Place of Business

1425 GREENWAY

Suite, Apt. #, etc.

SUITE 100

City & State

IRVING, TX.

Zip

75038

Country

USA

3. Mailing Address

1425 GREENWAY

Suite, Apt. #, etc.

SUITE 100

City & State

IRVING, TX.

Zip

75038

Country

USA

4. FEI Number

58-2345459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

FILED
01 JUN 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL. 32301

7. Name and Address of New Registered Agent

Name

C.T. CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

Michael E. Jones
Assistant Secretary

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

Michael E. Jones

Assistant Secretary

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE MONTHLY FEE IS \$100.00

After MAY 1, 2001 Fee will be \$150.00

Send check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D	CATHY SMITH	P.O. Box 210086	BEDFORD, TX. 76095	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change	☐ Addition
P/D	CATHY SMITH	8624 ASHLEY COURT	NORTH RICHLAND HILLS, TX. 76180	☒	☐
T/D	GERALD SMITH	8624 ASHLEY COURT	NORTH RICHLAND HILLS, TX. 76180	☐	☒
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ 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)(f), 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 addendum, with all other like empowered.

SIGNATURE:

[Signature] President - 5/23/01

CP2003A (1/00)