

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

LLC

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 044 ***150.00

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DOCUMENT # P97000072249

1. Entity Name

~~APARTMENTS AT THE THOMAS ESTATE, INC.~~

Hampton Oaks Apartments, Inc.



Principal Place of Business

3901 SW 20TH AVE

901

GAINESVILLE FL 32607

US

Mailing Address

3901 SW 20TH AVE

901

GAINESVILLE FL 32607

US

2. Principal Place of Business

1618 N.W. 60th St

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32607

Country

US

3. Mailing Address

1618 N.W. 60th St

Suite, Apt. #, etc.

Suite A

City & State

Gainesville FL

Zip

32607

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3487465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CARL L

4421 NW 39TH AVENUE

SUITE #2 BUILDING 1

GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

4/28/03

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

TITLE	RSTV	<input type="checkbox"/> Delete
NAME	PUGH, MERRILL L	
STREET ADDRESS	3901 SW 20TH AVE STE 901	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	RSTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUGH, MERRILL L	
STREET ADDRESS	<i>Suite A</i>	
CITY-ST-ZIP	<i>1618 N.W. 60th St Gainesville, FL 32607</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Merrill L Pugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (352)331-3343

Date Daytime Phone #

CR2E034 (10/02)