

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90282 020 \*\*\*150.00

DOCUMENT # P97000108695

1. Entity Name

AMERICAN PROPERTY MANAGEMENT OF  
FLORIDA, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5863 NW 123RD AVENUE

Suite, Apt. #, etc.

3. Mailing Address

5863 NW 123RD AVENUE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. FEI Number

65-0925153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SCOTT LINDENBERG

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

5863 NW 123RD AVENUE

City

CORAL SPRINGS

FL

Zip Code

33076

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

LINDENBERG, SCOTT

STREET ADDRESS

5863 NW 123RD AVENUE

CITY-ST-ZIP

CORAL SPRINGS, FL 33076

TITLE

VPS

NAME

SPECTOR PULLOS, ROYANNE

STREET ADDRESS

333 NEW MILLS COURT

CITY-ST-ZIP

CHARMBURG, IL 60193

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SCOTT LINDENBERG

4/21/03

(954) 227-3276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)