FILED

Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90113 016 ***150.00

UNIFORM BUSINESS REPORT (UBR P98000049023 DOCUMENT

2003 FOR PROFIT CORPORATION

1. Entity Name

VIRGINIAN ARMS APARTMENTS, INC.



Principal Place of Business Mailing Address 2501 JAMMES ROAD 4943 ORTEGA FOREST DR 90003117 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3515165 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ٢٦ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODDENBERRY, JR, HARRY H Street Address (P.O. Box Number is Not Acceptable) 4943 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition RODDENBERRY, HARRY H JR NAME NAME STREET ADDRESS 4943 ORTEGA FOREST DR STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

HARRY H. ROSOGUBERRY JR.