

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90042 027 ***150.00

DOCUMENT # S30079

1. Entity Name
REMSEN APARTMENTS, INC.

Principal Place of Business
 1724 S. HIGHLAND PARK DR
 APT 2
 LAKE WALES FL 33853
 US

Mailing Address
 1650 S. HIGHLAND PARK DR
 LAKE WALES FL 33853
 US

100414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3055627**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

WEAVER, ROBERT G
1650 S. HIGHLAND PARK DR
LAKE WALES FL 33853

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	WEAVER, ROBERT G.	
STREET ADDRESS	1650 S. HIGHLAND PARK DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BAKER, ELIZABETH W	
STREET ADDRESS	88 CHASE RD	
CITY-ST-ZIP	W FALMOUTH MA	
TITLE	D.	<input type="checkbox"/> Delete
NAME	WEAVER, ERIC R.	
STREET ADDRESS	1650 S. HIGHLAND PARK DR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G Weaver **Robert G Weaver** April 24, 2001 863-676-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)