## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$30079**

Mailing Address

3. Mailing Address

City & State

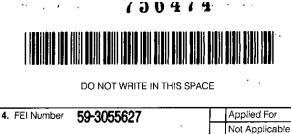
Suite, Apt. #, etc.

US

1650 S. HIGHLAND PARK DR LAKE WALES FL 33853 ...

May 03, 2001 8:00 am Secretary of State

05-03-2001 90042 027 \*\*\*150.00



DATE

6. Name and Address of Current Registered Agent WEAVER, ROBERT G 1650 S. HIGHLAND PARK DR LAKE WALES FL 33853

Zip

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zio Code City

5. Certificate of Status Desired

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.	
SIG	NATURE	_

(NOTE: Registered Agent signature required when reinstating)

Country

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

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

Country

1. Entity Name

Principal Place of Business

1724 S. HIGHLAND PARK DR

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zio

LAKE WALES FL 33853

REMSEN APARTMENTS, INC.

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

**\$8.75** Additional

Fee Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE WEAVER, ROBERT G. NAME 1650 S. HIGHLAND PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 ☐ Addition Change ☐ Delete TITLE BAKER, ELIZABETH W NAME STREET ADDRESS 88 CHASE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W FALMOUTH MA · . . \_ — TITLE - -Change - Addition TITLE WEAVER, ERIC R. NAME NAME STREET ADDRESS 1650 S. HIGHLAND PARK DR STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR