

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

FILED
May 14, 2003 8:00 am
Secretary of State

04-24-2003 90279 011 ***150.00

DOCUMENT # L91316
1. Entity Name
GROWTH POINTE - Mary L. Sferre, P.A.



DO NOT WRITE IN THIS SPACE



55040371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3744 Dupont Sta. Ct. S.
Suite, Apt. #, etc.
Jacksonville
City & State
FL
Zip
32217 Country
USA

3. Mailing Address
3744 Dupont Sta. Ct. S.
Suite, Apt. #, etc.
Jacksonville
City & State
FL
Zip
32217 Country
USA

4. FEI Number
59-302-4308 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Mary L. Sferre
Street Address (P.O. Box Number is Not Acceptable)
3744 Dupont Sta. Ct. S.
Jacksonville
City
FL Zip Code
32217

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 Mary L. Sferre DATE 4-15-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 to May 1 Fee is \$150.00
After May 1 Fee is \$500.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PST</u> <u>Sferre, Mary L.</u> <u>3744 Dupont Station Ct.</u> <u>Jacksonville, FL 32217</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>Sferre, Mary L.</u> <u>3744 Dupont Station Ct.</u> <u>Jacksonville, FL 32217</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Mary L. Sferre DATE 4-15-03 DAYTIME PHONE # 904-731-3261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)