FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 588699 1. Entity Name 01-16-2002 90003 008 \*\*\*150.00 DEER POINT, INC. Principal Place of Business Mailing Address 4300 BAYOU BLVD, STE 21 4300 BAYOU BLVD. STE 21 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1859519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELL, THURSTON A. Street Address (P.O. Box Number is Not Acceptable) 226 S. PALAFOX ST 7TH FLR PENSACOLA FL 32501 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. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition DENNISON, FAYETTE NAME NAME STREET ADDRESS 1921 SEVILLE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME DENNISON, JEWELL NAME STREET ADDRESS 1921 SEVILLE DR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 00000 CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

TENDERSON PRESENTE DENNISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

Date

(850) 478-7466

Daytime Phone #