

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68106

1. Entity Name
CANAL POINT MAINTENANCE CO.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90012 045 ***150.00

Principal Place of Business
10 HELEN LANE
FT. MYERS BEACH FL 33931-2940
US

Mailing Address
10 HELEN LANE
FT. MYERS BEACH FL 33931-2940
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2798743		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROSSITER, EARLE 71 NANCY LANE FORT MYERS BEACH FL 33931				Name MARIJANE JENSEN			
				Street Address (P.O. Box Number is Not Acceptable)			
				31 NANCY LANE			
				City FT. MYER BEACH FL		Zip Code 33931	

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 Marijane Jensen Pres. DATE 4/4/00
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLE ROSSITER		NAME	RALPH NEWPORT	
STREET ADDRESS	71 NANCY LANE		STREET ADDRESS	30 NANCY LANE	
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP	FT. MYERS BCH, FL.	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGE, ALAN		NAME	DICK MINIEAR	
STREET ADDRESS	57 EMILY LANE		STREET ADDRESS	18 EMILY LANE	
CITY-ST-ZIP	FT. MYERS BCH FL 33931		CITY-ST-ZIP	FT. MYERS BCH, FL.	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE WERTZ		NAME		
STREET ADDRESS	50 OYSTER BAY LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, BOB		NAME		
STREET ADDRESS	390 PALERMO CIR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIJANE JENSEN		NAME		
STREET ADDRESS	31 NANCY LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, FRANCIS		NAME		
STREET ADDRESS	51 OYSTER BAY LANE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BCH FL 33931		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: Marijane Jensen DATE: 4/4/00 DAYTIME PHONE #: 941-463-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIJANE JENSEN

CR2E034 (9/99)