

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91568 048 ***550.00

DOCUMENT # J68106

1. Entity Name
CANAL POINT MAINTENANCE CO.

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
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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			
JENSEN, MARIJANE 31 NANCY LANE FORT MYERS BEACH FL 33931				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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* DATE: **5/1/01**

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. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	NEWPORT, RALPH			NAME	ROSA EILERS		
STREET ADDRESS	30 NANCY LANE			STREET ADDRESS	1711 MAIN ST.		
CITY-ST-ZIP	FT. MYERS BEACH FL			CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MINIAR, DICK			NAME	FRANCIS SIBLEY		
STREET ADDRESS	18 EMILY LANE			STREET ADDRESS	51 OYSTER BAY LANE		
CITY-ST-ZIP	FT. MYERS BCH.FL			CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		
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 checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SIBLEY, FRANCIS			NAME	JAMES HOAG		
STREET ADDRESS	51 OYSTER BAY LANE			STREET ADDRESS	60 EMILY LANE		
CITY-ST-ZIP	FT MYERS BCH FL 33931			CITY-ST-ZIP	FT. MYERS BEACH, FL 33931		

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: **5/1/01** PHONE: **941-463-9070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)