

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90065 023 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2798743**

Applied For

Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
NAME **EILERS, ROSA**
STREET ADDRESS **1711 MAIN ST**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **DT** Change Addition
NAME **MARY JO GOECKE**
STREET ADDRESS **54 EMILY LANE**
CITY-ST-ZIP **FT. MYERS BCH, FL 33931**

TITLE **D** Delete
NAME **VOLTAREL, LOU**
STREET ADDRESS **71 NANCY LANE**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **SUE WERTZ**
STREET ADDRESS **50 OYSTER BAY LANE**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BEASLEY, BOB**
STREET ADDRESS **390 PALERMO CIR**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **DP** Change Addition
NAME **BEASLEY, BOB**
STREET ADDRESS **390 PALERMO CIR**
CITY-ST-ZIP **FORT MYERS BCH, FL 33931**

TITLE **DT** Delete
NAME **MARIJANE JENSEN**
STREET ADDRESS **31 NANCY LANE**
CITY-ST-ZIP **FT. MYERS BEACH FL**

TITLE **DV** Change Addition
NAME **JENSEN, MARIJANE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HOAG, JAMES**
STREET ADDRESS **60 EMILY LANE**
CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marijane Jensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/11/03** Daytime Phone #: **239-463-9070**

CR2E034 (10/02)