2000 UNIFORM BUSINESS REPORT (UBR) 9/18/00-90046-032-\$550.00-\$550.00

Milling Address 100 PARS ORDER 19 19 ADDRESS PRES 19	DOCUMENT # P0000000645 1. Entity Name FIVE POINTS ENTERPRISES, INC.									\$\.	.:Lui /1310	FII ETAR N OF (LED Y OF 5 CORPOR	IAIL (ATIO)	., t
AND SPACE TO THE TOTAL SPACE AND SPACE AND THE TOTAL SPACE AND SPACE AND THE TOTAL SPACE Substance of Business	Principal Place							00.0	ሮስ ሳሳ). 1 f				
Sulte. Apt. 4, stit. Sulte. Apt. 4, stit. DO NOT WRITE IN THIS SPACE					<u>.</u>			บบ 5	EF 29	AH 6): ri l				
Sulte. Apt. 4, stit. Sulte. Apt. 4, stit. DO NOT WRITE IN THIS SPACE								11	nolin.		ELIM ACII	BANKI BANKI) 	1 1 1 1 1 1	lffi
City & State Country In Co	, 				ļļ,		##111 B #141	E8(1) VE111				((()			
September Sept	Suite, Apt.	#, etc.		Sulte, Apt. #, etc.						DO N	OT WRIT	E IN THIS	SPACE		
8. Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Augus 160 PARKER HUDSON 2160 PARK STREET SUITE 3 JACKSONNILE FL 32204 City FL 2ip Code City FL 2ip	City & State	e						AFEIN AP	umber	d	fo			Not Appl	eldsoi
S. PARKER HUDSON 2180 PARK STREET SUITS 3 JACKSONVILLE FL 32204 City FL Zip Code 8. The above named entity submits by systemen for the pull-pose of changing is registered office or registered agent, or both, in the State of Plonds SICHATURE	Zip		Country	Zip.	5. Certifica			icate of \$	Status Do	esired				}	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named antity submits tips systement for the propose of changing is registered office or registered agent, or both, in the State of Florida, SiGNATURE Species had a friend and address to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 https://document.org/linear/public to activity its intangible Tax firing requirement and elects to do so. (Rec criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 https://document.org/linear/public to Experiment and elects to do so. (Rec criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 https://document.org/linear/public to Experiment and elects to do so. (Rec criteria on back) OFFICIENT MOREON CONTROLLING THE STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11 THE PRESIDENT HAD SON STREET ADDRESS TO OFFICERS AND DIRECTORS IN 11 THE NAME Detel THE NAME THE NAME Detel THE NAME THE NAME Detel THE NAME Detel THE NAME Detel THE NAME THE NAME Detel THE NAME THE NAME Detel THE NAME THE NAM		6, Name	and Address of Current R	legistered Agent		News		7. Name	and Ad	dress o	New R	egistered	Agent	· _ · - ·	-1 -22
B. The above named entity submits tips systemed for the personal of the person	2160	ند، ۰۰ مي	· <u></u>	iress (P	P.O. Box N	ımber is	Not Acc	eptable			\				
8. The above named entity submits this systempor for the unpose of changing its registered office or registered agent, or both, in the State of Florida SiGNATURE			FL 32204			<u> </u>							T == =		
SIGNATURE Syraum, nord or prises rame or dispensed open and the 1 accitable. 8. This corporation is eligible to settley its Intangible Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Poyable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. WALE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. WALE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. Election Campaign Finencing Addition Male Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS A				<u>, </u>		City						Fi	Zip Ci	ode 	
9. This corporation is alignible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PRESIDENT OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE ORIGINATE ORI	8. The above	named entit	y submits this statement for	the enripose of changing its	register	red office or re	gistere	ed agent, c	or both, i	n the Sta	te of Flo	rida.	,		1
Tark filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State Trust Fund Contribution Addition Addition Trust Fund Contribution Addition Addition Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Addition Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Addition Trust Fund Contribution Trust Fund Contr	SIGNATURE	SIGNATURE Signature, vp.od or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-S	Tax filing re	3, 2000	Min. will be	\$750 .	.00										
STREET ADDRESS OTY-ST-ZP TITLE MAKE STREET ADDRESS OTY-ST-ZP TITLE	11.				_			ADDITIO	NS/CH	ANGES	TO OFF	CERS AN			
TITLE Delete MAME Delete MAME	TITLE NAME	Presid	dent ver Hudson	☐ Delete		_							∐ Chang		oo:uon
TITLE Delete TITLE NAME STREET ADDRESS CTY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CTY-ST-ZP TITLE Delete TITLE NAME	STREET ADDRESS CITY-ST-ZIP	Jacks	macaw Dri	/e []											
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CI	- 1					· .							☐ Chang	. DA	ddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TO belete TITLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST	STREET ADDRESS	·			STR	EET ADORESS									
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Oelete	זוזו	E							☐ Chang	: [] A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-	STREET ADDRESS	<u> </u>		د میشود. استونگ د نیم شنوی پیشندسین	STR	EET ADORESS	,		<u>نائن</u>	······································		 	.** .Tv	. <u>.=</u>	<i>=</i> = -
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 his 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: SIGNATURE: Addition A	name Street address			☐ Delete	NAM STR	Œ EET ADDRESS	/			_			Chang	B 🗀 A	dition
TITLE Delete TITLE NAME STREET ADDRESS	TITLE NAME			☐ Delete	TITE	E (E					<u>Λ</u>		Chang	8 <u></u>	ddition
NAME STREET ADDRESS 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 path; 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:										N	VIO1	.al			
13. I hereby certify that the information supplied with this filling 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 path; 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: 909-387-0800	NAME			☐ Delete	NAM	E				U	•	•	☐ Chang	e □A	ddition
SIGNATURE: SIGNATURE: SIGNATURE TYPE OF PRINTING OF PICKE OF DESCRIPTION OF PICKE OF PICKE OF DESCRIPTION OF PICKE OF PICKE OF DESCRIPTION OF PICKE OF PI		certify that the on this repoi poration or the or on an atte	e Information supplied with the receiver or trustee empoyachment with an address or	his filing does not qualify to true and accurate god that in wered to execute this report the all other like empowered			d in Sec to the sa er 607,	ction 119.0 ame legal Florida Sta	7(3)(i), F effect as atutes; a	lorida Si if made nd that r	atutes. I under c ny name	further ce ath; that I appears	ertify that the am an offic in Block 11	e informa er or dire or Block	tion ctor f2 if
	SIGNATURE: SIGNAPURE AND TOP SECURING OF PERMISSION AND PROPERTOR														