

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT #

00000000002179

1. Entity Name

North Point ESW Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 2:28

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

118 W. ORANGE ST.

1 HAMPTON PARISH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

ALTA MONTE SPRINGS FL ASHEVILLE, N.C.

Zip

Country

Zip

Country

32714

USA

28805

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

4. FEE Number

59-3617889

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marc Williams Hall
1816 South Fern Creek Ave.
Orlando, FL 32806

Name

Ed Starr

Street Address (P.O. Box Number is Not Acceptable)

118 West Orange St. Ste 200

City

Altamonte Springs

FL

Zip

32714

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)

DATE

[Signature] Ed Starr 10-23-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME Marc Williams Hall
STREET ADDRESS 1816 South Fern Creek Ave.
CITY-ST-ZIP Orlando FL 32806 ☒ Delete

TITLE Director
NAME Martha F. Cable
STREET ADDRESS 1 Hampton Parish
CITY-ST-ZIP Asheville, N.C. ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 reports 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 a business name and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Marc Williams Hall 09-11-01 298-8096

CR2E034 (11/00)