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

## **DOCUMENT#** P00000036415



## **FILED** Feb 26, 2003 8:00 am Secretary of State

1. Entity Name VANTAGE POINT DEVELOPMENT, INC.						02-26-2003 90123 035 ***158.75			
Principal Place of Business 13305 PAMANA CITY BEACH PKWY PANAMA CITY BEACH FL 32407			Mailing Address 13305 PAMANA CITY BEACH PKWY PANAMA CITY BEACH FL 32407						
2. Principal	Place of Busin	ness	3. Mailing Address		-				
Suite, Ap	et. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	3 CHANGES	<b>S</b>	
City & State			City & State			4. FEI Number 59-3640376 Applied For			7
Zip Country			Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			4
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered	•		4
CARR, M	IICHAEL V		• •	Name			Agent		1
302 MOC	/ DRIVE H FL 32407		Street 36	Street Address (P.O. Box Number is Not Acceptable) 3602 Preserve Blvd.					
1740411171	11 6 32407		Pa City	Panama City Beach, Fl. 32408  City FL Zip Code					
SIGNATURE F Afte Make Chec	Signature, typed of	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State	: Registered Agent signs	ature required w	9. Election Campaign Financing Trust Fund Contribution.		O May Be	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAEL V ERVE BLVD ITY FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		) E ERVE BLVD. ITY FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS 1717 BROW PANAMA C		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, 1717 BROW PANAMA CI	TERESA A /N AVENUE TY FL 32401	☐ 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 STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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

**SIGNATURE:** 

(850) 230-8812