

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90629 028 ***150.00

DOCUMENT # P 00000049148 ✓															
1. Entity Name <div style="text-align: center; font-size: 1.2em;">Focal Points, Inc.</div>															
Principal Place of Business <div style="text-align: center;">3939 Cheval Blvd Lutz, FL 33549</div>		Mailing Address <div style="text-align: center;">3939 Cheval Blvd Lutz, FL 33549</div>													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country												
6. Name and Address of Current Registered Agent <div style="text-align: center; font-size: 1.2em;">Colleen A. GRANT 1810 MAGDALENE MANOR DR TAMPA, FL 33613</div>		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="3" style="padding: 2px;">JAMES W. GRANT</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="3" style="padding: 2px;">1810 MAGDALENE MANOR DR</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">TAMPA</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 33613</td> </tr> </table>		Name	JAMES W. GRANT			Street Address (P.O. Box Number is Not Acceptable)	1810 MAGDALENE MANOR DR			City	TAMPA	FL	Zip Code 33613
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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. <table style="width:100%;"> <tr> <td style="width:30%; padding: 5px;"> SIGNATURE JAMES W. GRANT <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; padding: 5px; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; padding: 5px; text-align: right;"> <div style="font-size: 1.2em;">4/30/01</div> <small>DATE</small> </td> </tr> </table>				SIGNATURE JAMES W. GRANT <small>Signature, typed or printed name of registered agent and title if applicable</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	<div style="font-size: 1.2em;">4/30/01</div> <small>DATE</small>									
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="background-color: #cccccc; padding: 5px; font-size: 0.8em;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>													
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<div style="border: 1px solid black; padding: 5px; font-size: 0.8em;"> \$5.00 May Be Added to Fees </div>													
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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CR2E034 (11/00)

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: Colleen Grant COLLEEN GRANT 813-909-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone