

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90029 019 \*\*\*150.00

**DOCUMENT # P0000070824**

1. Entity Name  
**5 POINTS FURNITURE & AUCTION, INC.**

Principal Place of Business 3319 13TH ST ST CLOUD FL 34769	Mailing Address 3319 13TH ST ST CLOUD FL 34769
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0412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3633717</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AUSTIN, SHERRI**  
**3319 13TH ST**  
**ST CLOUD FL 34769**

7. Name and Address of New Registered Agent  
 Name **CLAYTON E. FLINT III**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3319 13th St.**  
**St. Cloud**  
 City **FL 34769**

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 C. E. Flint III (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>AUSTIN, SHERRI</b>	
STREET ADDRESS	<b>3319 13TH ST</b>	
CITY-ST-ZIP	<b>ST CLOUD FL 34769</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLAYTON E. FLINT III</b>	
STREET ADDRESS	<b>3319 13th St.</b>	
CITY-ST-ZIP	<b>ST. CLOUD, FL 34769</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: C. E. Flint III Clayton E. Flint III 04-25-01 (407) 891-9882  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)