

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90665 038 ***155.00

DOCUMENT # P00000070824

1. Entity Name

Five Points Furniture & Auction Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3319 Thirteenth St.

Suite, Apt. #, etc.

Saint Cloud, FL.

City & State

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

80064163

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3633717

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 34769

Country U.S.A.

Zip

Country

7. Name and Address of Current Registered Agent

Name Clayton E. Flint III

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

607 Alabama Ave., St. Cloud, FL.

City Saint Cloud

FL

Zip Code

34769

**DO NOT WRITE
IN THIS SPACE**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-18-02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Clayton E. Flint III	607 Alabama Ave.	St. Cloud, FL. 34769				
Vice-President	Clayton E. Flint Jr.	202 California Ave	St. Cloud, FL. 34769				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature] Clayton E. Flint III

02-18-02

(407) 891-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #