

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073579

1. Entity Name

POINT MATANZAS GARAGE OWNERS, INC.

Principal Place of Business

101 ORANGE STREET
ST. AUGUSTINE FL 32084

Mailing Address

101 ORANGE STREET
ST. AUGUSTINE FL 32084

2. Principal Place of Business

7265 AIA SOUTH

3. Mailing Address

7265 AIA SOUTH

Suite, Apt. #, etc.

UNIT B7

Suite, Apt. #, etc.

UNIT B7

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL.

Zip

32080

Country

ST. JOHNS

Zip

32080

Country

ST. JOHNS

6. Name and Address of Current Registered Agent

ALLEN C.D. SCOTT, II
101 ORANGE STREET
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name JAMES E. TRAVERS

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

7265 AIA SOUTH

UNIT B7

City ST. AUGUSTINE

FL

Zip Code

32080

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 JAMES E. TRAVERS

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D	ALLEN C.D. SCOTT, II	101 ORANGE STREET ST. AUGUSTINE FL 32084	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P	NEIL FREEMAN	118 SUNSET POINT LANE EAST PALATKA, FL 32131		
	TIS	JAMES E. TRAVERS	7265 AIA SOUTH UNIT B7 ST. AUGUSTINE, FL 32080		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: JAMES E. TRAVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90059 007 ***150.00



DO NOT WRITE IN THIS SPACE

000685

CR2E034 (10/00)