2001 UNIFORM BUSINESS REPORT (UBR)

| | MENT # P000000 | 80331 | | | | | | | |
|---|---|--|----------------------|-----------------------------|-------------------|---|--|--------------------------------|--|
| 1. Entity Name HOUSTON LAKE POINTE, INC. | | | | | | | | | |
| | | | | | | | OI APR 30 AM 10: 38 | } | |
| Principal Place | of Business | Mailing Address | | | | | | | |
| 351 NORTH COURTENAY PARKWAY SUITE B-B MERRITT ISLAND FL 32953 | | POST OFFICE BOX 4961 ORLANDO FL 32802-4961 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | | | 4. FE | 1 Number 55-3667107 | Applied For Not Applicable | |
| Zip Country | | Zip Cour | | · | | | Femilicate of Status Desired Fe | 8.75 Additional se Required | |
| | 6. Name and Address of Current R | egistered Agent | | No | | 7. Na | ame and Address of New Registered Ag | ent | |
| B00 0 | CORPORATE SERVICES OF CENTI | DALELING | | Name | | | | | |
| | ORTH ORANGE AVENUE | TAL FL. INC. | Street Address (| | | P.O. Box Number is Not Acceptable) | | | |
| SUITE | | | | | | | | | |
| ORLAI | NDO FL 32801 | | | City | F | | | Zip Code | |
| 8. The above o | named entity submits this statement for t | the purpose of changing its r | egistere | ed office or | r registere | d ager | nt, or both, in the State of Florida. | | |
| | | | | | | | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: | Registere | d Agent signati | ure required w | vhen rein | nstating) DATE | | |
| | | <u> </u> | 1 555 | IS \$150 I | nn | | | | |
| | ation is eligible to satisfy its Intangible equirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta | | | 550.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 11. | OFFICERS AND D | IRECTORS | 12. | | | ADD | DITIONS/CHANGES TO OFFICERS AND D | DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAM STRE | E FT ADDRESS | P HART 1351 | rm. N | AN, MICHAEL .COURTENAY PLWY | Change Addition | |
| CITY-ST-ZIP | | | | | | <u> </u> | IT ISLAND, PL 32 | 7 Change Waddition | |
| TITLÉ NAME | | ☐ Delete | TITLE NAM | | PACI | €, | DONALD | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | | ET ADDRESS | | | COURTENAY PKI | | |
| CITY-ST-ZIP | <u>. </u> | | 1 | -ST-ZIP | MER S | kn | T ISLAND, PL 329 | 15 S Addition | |
| NAME STREET ADDRESS | | L_} Delete | | e et address | CAR | ント | ON, CHARLES S. J. HIGHLAND AVE | - · · · · | |
| CITY-ST-ZIP | <u> </u> | ☐ Delete | TITLE | -ST-ZIP | - | | JDO, PL 32803 | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | in Delete | NAM Stre | E EET ADDRESS -ST-ZIP | 100 BY | N. -Ar | ER, DAVID M. HIGHLAND AVE., ST UDO, PZ 32803 | TE 200 | |
| TITLE | | ☐ Delete | TITL | | | | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | | | NAM STRE | E ET ADDRESS | | | Party of the state of the state of | | |
| CITY-ST-ZIP | · | | | -ST-ZIP | | | 10 | | |
| TITLE | | ☐ Delete | TITL | | | | 800004195 | Change Addition | |
| NAME STREET ADDRESS | | | NAM STRE | E Et address | | | -Ub/11/U1U | 1019013 | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | ****150.00 | ****150.00 | |
| indicated o | on this report or supplemental report is t | rue and accurate and that ma vered to execute this report a | เง รโตกล | ture shall b | have the sa | ame le | 19.07(3)(i), Florida Statutes. I further certife egal effect as if made under oath; that I an la Statutes; and that my name appears in | n an officer of director | |

SIGNATURE: