2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002	2 UNII	ORM BUSI	NESS REPO	RT (UBR)	FILED
DOCUMENT # P00000109823 1. Entity Name LOFTON POINTE, INC.					Feb 26, 2002 8:00 am Secretary of State
	·				02 20 2002 9012 / 000 130.00
Principal Place of Business 1325 ATLANTIC AVENUE PO BOX 1200 FERNANDINA BEACH FL 32035 FERNANDINA BEACH FL 32035				2035	
Principal Place of Business 3. Mailing Address				L C1	
Suite, Apt. #, etc. Suite, Apt. #, etc.				tre St	DO NOT WRITE IN THIS SPACE
City & State City & State				· OFLA	4. FEI Number 50 0005400 Applied For
			Fernandia Zig	a Beach Country	59-3685136 Not Applicable
			32034	MASSAU	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent	
AKERMAN, SENTERFITT				Street Address	s (P.O. Box Number is Not Acceptable)
50 NORTH LAURA STREET SUITE 2500					
JACKSONVILLE FL 32202				City	₽ Zip Code
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.					
The decrements of the statement for the purpose of changing its registered unite of registered agent, or both, in the state of Florida.					
SIGNATURE	Signature, typed o	printed name of registered agent ar	rd title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550				Fee will be \$550.00	I DUSTELING CONTIDUION I I Added to Fees I
11.	rja on back) -	OFFICERS AND D	Make Check Payable	to Department of St ■ 12.	tate
TITLE	D		Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		HARRY R MITT RIDGE LANE VILLE FL 32256		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	D		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MOCK, WIL 1676 REGA AMELIA ISI			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			i	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME			Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CHTY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
TITLE NAME			☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1.			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME			☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP	
indicated of the cor	on this report poration or the	or supplemental report is t receiver or trustee empov	rue and accurate and that my	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if