

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90019 005 ***150.00

DOCUMENT # P01000018565

1. Entity Name
PRINCETON POINT, INC.

Principal Place of Business

4300 TURNBULL DRIVE
ST AUGUSTINE FL 32092

Mailing Address

4300 TURNBULL DRIVE
ST AUGUSTINE FL 32092

80033346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7953 Green Glade Rd
 Suite, Apt. #, etc.
Jacksonville, FL.
 City & State

3. Mailing Address

10920 Baymeadows Rd
 Suite, Apt. #, etc.
Suite 27-120
 City & State
Jacksonville FL

4. FEI Number

59-3699704

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (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, 2002 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 type="checkbox"/> Delete
NAME	HOSSEINI, MICHAEL	<i>Change & Add.</i>
STREET ADDRESS	4300 TURNBULL DRIVE	
CITY-ST-ZIP	7953 Green G → ST AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINKENAUER, NATALIE	<i>Change & Add.</i>
STREET ADDRESS	4300 TURNBULL DRIVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Hosseini	
STREET ADDRESS	7953 Green Glade Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATALIE Linkenauer	
STREET ADDRESS	4540 Cobblefield Circle W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald P. Ardary	
STREET ADDRESS	1360 Sorrell Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
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)(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 *Michael Hosseini* **2/12/02 904-993-8222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)