

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91393 033 ***150.00

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DOCUMENT # P02000022074

1. Entity Name

PLEASANT POINT REAL ESTATE, INC.



Principal Place of Business

401-B N. ST.
GREEN COVE SPRINGS FL 32043

Mailing Address

401-B N. ST.
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

401-B N. Street

Suite, Apt. #, etc.

City & State

Green Cove Springs, Florida

Zip
32043

Country
FLA

3. Mailing Address

401-B N. Street

Suite, Apt. #, etc.

City & State

Green Cove Springs, Florida

Zip
32043

Country
FLA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0609849

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLSON, SHEILA D.

401-B N. ST.
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name
Sheila D. Colson

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

401-B N. Street

Green Cove Springs

City

FL

Zip Code

32043

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. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Sheila D. Colson

4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Colson, Sheila D.
401-B N. Street
Green Cove Springs, FL 32043

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Colson, Sheila D.
401-B N. Street
Green Cove Springs, FL 32043

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sheila D. Colson 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)