2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000027963

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

STILL	POINT, INC.				02-24-2003 30	7174 043 13	76.73	
Principal Place of Business % WHITNER & TURNER-SHARPTON 8709 SAN JOSE BOULEVARD SUFFE 210 JACKSONVILLE FL 32301 Mailing Address % WHITNER & TURNER-SHARPTON 8709 SAN JOSE BOULEVARD SUFFE 210 JACKSONVILLE FL 32301								
2. Princip	pal Place of Business	3 Mailing Address						
Suite A	os Baymeadows Ro	4465 Baym	eadows F	₹₫	r saminans iit aniša iidii 1811i 1811i 1811i	ı genik edile ildir ifelif i	eno enos (1), 1 03 ,	
5u;	fe_1	Suite, Apt. #, etc.	<u>e 1</u>		CHECK HERE IF MAKING CHANGES			
Jack	sonville Fc	City & State Jacksonu:	lle		4. FEI Number 43 - 1954015		Applied For	
Zip 32	Country USA	Zip 32217	Country U.S.A-		5. Certificate of Status Desired	\$8.75	Not Applicable Additional	
	6. Name and Address of Curr	ent Registered Agent			7:- Name and Address of New Re	Fee Regu	ired	
NRAI S	SERVICES, INC.		Name			,	<u> </u>	
	ST PARK AVENUE	Street Ad	dress (P.O). Box Number is Not Acceptable)		 -		
	IASSEE FL 32301		<u> </u>				<u> </u>	
			City					
8. The abo	ve named entity submits this statemen	t for the purpose of shares	, ,			FL Zip Co	ode	
the oblig	we named entity submits this statement pations of registered agent.	tion the purpose of changing its	registered office or re	egistered a	agent, or both, in the State of Florid	a. I am familiar wit	h, and accept	
SIGNATURE								
<u> </u>	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature	required when	n reinstating)	DATE		
_	FILE NOW!!! FEE IS \$150.00					-		
Make Che	er May 1, 2003 Fee will be \$550.0 ck Payable to Florida Department	0 of State			 Election Campaign Finant Trust Fund Contribution. 	+	00 May Be	
10.		ID DIRECTORS	14:			_ /1000	ed to Fees	
TITLE	President + Secr	etary Delete	11.	A	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		
NAME STREET ADDRESS	Banta Whitner	-	NAME			Change	Addition	
CITY-ST-ZIP	Jockson Ville	mos Ma Suitel	STREET ADDRESS					
TITLE -	Nice President &	Troosurer	CITY-ST-ZIP					
NAME	Marian Turner-5	narp ton	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4465 Boymeado	us 'Rd Suite 1	STREET ADDRESS					
-TITLE -	Jacksonu: 11e, Fc	- 32217	CITY-ST-ZIP				l	
NAME		∵ Delete -	TITLE:		***	Change	☐ Addition	
STREET ADDRESS			NAME Street address			ZZ onzingo	Addition	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE					
STREET ADDRESS			NAME			☐ Change	☐ Addition	
CITY-ST-ZIP			STREET ADDRESS				j	
TITLE		☐ Delete	CITY-ST-ZIP				_	
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE			CITY-ST-ZIP				1	
NAME		☐ Delete	TITLE			Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				☐ MOUNTON	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
2. I hereby co	ertify that the information supplied with	this filing does not qualify to the						

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

731-9442