

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000122841

FILED  
Jan 24, 2003  
Secretary of State

Entity Name: EASTPOINT LAND DEVELOPMENT, INC.

## Current Principal Place of Business:

207 W. PARK AVE.  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

207 WEST PARK AVENUE  
SUITE B  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

P. O. BOX 1874  
TALLAHASSEE, FL 32301

## New Mailing Address:

P. O. BOX 1874  
TALLAHASSEE, FL 32302 US

FEI Number: 06-1661160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOUGH, NANCY  
207 W. PARK AVE.  
TALLAHASSEE, FL 32301

## Name and Address of New Registered Agent:

HOUGH, NANCY  
207 WEST PARK AVENUE  
SUITE B  
TALLAHASSEE, FL 32301 US

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:

01/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: HOUGH, NANCY  
Address: 207 WEST PARK AVENUE, SUITE B  
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HOUGH

D

01/24/2003

Electronic Signature of Signing Officer or Director

Date