

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021305

1. Entity Name
PLEASANT POINT REALTY, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90052 013 ***550.00

0106822 AT

Principal Place of Business
401-B NORTH STREET
GREEN COVE SPRINGS FL 32043
US

Mailing Address
P.O. BOX 1998
401-B NORTH STREET
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business
401-B North Street
Suite, Apt. #, etc.
401-B

3. Mailing Address
Post Office Box 1998
Suite, Apt. #, etc.
401-B

City & State
Green Cove Springs, FL. Green Cove Spgs, FL.
Zip Country Zip Country
32043 FLAY 32043 FLAY

4. FEI Number 59-3244311 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.
724 CYPRESS ST. N.
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)
724 Cypress St. N.
City: Green Cove Springs 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.

SIGNATURE: Sheila D. Colson DATE: 8/30/01
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P COLSON, SHEILA D. 724 CYPRESS STREET GREEN COVE SPRINGS FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
ST COLSON, SHEILA D 724 NORTH CYPRESS STREET GREEN COVE SPRINGS FL 32043	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sheila D. Colson DATE: 8/30/01 (904) 284-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)