

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90008 028 ***150.00

DOCUMENT # P94000022361

1. Entity Name
OAK POINT CORPORATION

Principal Place of Business

**688 OCEAN RD.
 VERO BEACH FL 32963
 US**

Mailing Address

**6330 MUIRLANDS DR.
 LA JOLLA CA 92037
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0476934

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHADEK, KATHERINE F
 688 OCEAN ROAD
 VERO BEACH FL 32963**

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHADEK, LAURENCE A	
STREET ADDRESS	BOX 436	
CITY-ST-ZIP	ALPINE FL 07620	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHADEK, KATHERINE F.	
STREET ADDRESS	688 OCEAN ROAD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HUBER, JOHN	
STREET ADDRESS	1011 US HIGHWAY 22	
CITY-ST-ZIP	BRIDGEWATER NJ 08807	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHADEK, THOMAS F	
STREET ADDRESS	6330 MUIRLANDS DR	
CITY-ST-ZIP	LA JOLLA CA 92037	
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"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: *Thomas F. Shadek* **THOMAS F. SHADEK**

4/24/02

619-276-2600 x103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)