2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2000 8:00 am DOCUMENT # P94000084494 **Secretary of State** 1. Entity Name THE EMERALD POINTE CORPORATION 02-09-2000 90087 045 ***150.00 Principal Place of Business Mailing Address 39602 AMETHYST WAY 39602 AMETHYST WAY ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540-7406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3288074 Not ≏: Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent Name FISS. HERB Street Address (P.O. Box Number is Not Acceptable) 15310 AMBERLY DRIVE **TAMPA FL 33647** City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change PETERSON, DAVID NAME NAME STREET ADDRESS 39602 AMETHYST WAY STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE ☐ Delete TITLE RISKIE, ROBERT NAME NAME STREET ADDRESS 39602 AMETHYST WAY STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-7IP TITLE Derete ----7/7/67 BRYANT, DIEDRA L NAME NAME STREET ADDRESS 39602 AMETHYST WAY STREET ADDRESS CITY-ST-7IP ZEPHYRHILLS FL 33540 CITY-ST-ZIP _ · · · · TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □. TITI F ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR