

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90186 001 ***150.00

DOCUMENT # P94000084494

1. Entity Name

THE EMERALD POINTE CORPORATION

Principal Place of Business

39602 AMETHYST WAY
 ZEPHYRHILLS FL 33540
 US

Mailing Address

39602 AMETHYST WAY
 ZEPHYRHILLS FL 33540
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3288074**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FISS, HERB
 15310 AMBERLY DRIVE
 TAMPA FL 33647~~

Name Peter Baker, Esq
 Street Address (P.O. Box Number is Not Acceptable) 300 E. KENNEDY BLVD - Suite 200C
 City TAMPA FL Zip Code 33602

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 *Peter Baker* Peter Baker 1/18/2001
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!!! FEB IS \$150.00
After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PETERSON, DAVID	
STREET ADDRESS	39602 AMETHYST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RISKIE, ROBERT	
STREET ADDRESS	39602 AMETHYST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRYANT, DIEDRA L	
STREET ADDRESS	39602 AMETHYST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *David Peterson* DAVID PETERSON 1/4/01 813-788-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)