

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90201 004 \*\*\*150.00

**DOCUMENT # P95000075398**

1. Entity Name  
**JENERSON POINT, INC.**



Principal Place of Business  
**2209 HOWARD DR  
WINTER PARK FL 32789**

Mailing Address  
**2209 HOWARD DR  
WINTER PARK FL 32789**

2. Principal Place of Business  
**4141 Edgewater Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**4141 Edgewater Dr.**  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**  
Zip  
**32804**  
Country  
**USA**

City & State  
**Orlando, FL**  
Zip  
**32804**  
Country  
**USA**

4. FEI Number  
**59-3348267**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBER, PETER  
2209 HOWARD DR  
WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

Name  
**Thomas A. Gray**  
Street Address (P.O. Box Number is Not Acceptable)  
**4141 Edgewater Dr.**  
City  
**Orlando FL FL** Zip Code  
**32804**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Thomas A. Gray**  
Signature, typed or printed name of registered agent and title if applicable.

**Thomas A. Gray**  
(NOTE: Registered Agent signature required when registering)

**4-23-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BARBER, PETER 2209 HOWARD DR WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GAY, THOMAS A 4141 EDGEWATER DR ORLANDO FL 32804</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLACKTON, BRUCE 1302 BRYN ORLANDO FL 32804</b>	<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

**11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas A. Gray**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**  
Date

**407 297 8499**  
Daytime Phone #

CR2E034 (10/02)