## **2003 FOR PROFIT CORPORATION**

Mailing Address

2209 HOWARD DR

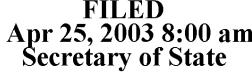
## **UNIFORM BUSINESS REPORT (UBR)** P95000075398 **DOCUMENT #** 1. Entity Name

JENERSON POINT, INC.

Principal Place of Business

2209 HOWARD DR

SIGNATURE:



04-25-2003 90201 004 °150.00

FILED
Apr 25, 2003 8:00 am
Secretary of State
Secretary of State
04.25.2002.00201.004.***150.00

2. Principal Place of Business  4141 Edgewater Dr  Suite, Apt. #, etc.  WINTER PARK FL 32789  WINTER PARK FL 32789  3. Mailing Address  4141 Edgewater Dr.  Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State	n 🔻 i	City & State Orlando, F	L	4. FEI Number 59-3348267 Applied For Not Applicable
32804	Country USA 6. Name and Address of Current R	32804	Country	5. Certificate of Status Desired See Required  7. Name and Address of New Registered Agent
8. The above r	eter Ard dr Ark Fl 32789	the purpose of changing its	Street Address	mas A. Gay ss (P.O. Box Number is Not Acceptable) Eagewater Dr.  ando FL FL ZinCode 32804. stered agent, or both, in the State of Florida. I am familiar with, and accept  4-23-03
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
NAME - STREET ADDRESS	OFFICERS AND D ST BARBER, PETER 2209 HOWARD DR WINTER PARK FL 32789	IRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS	P Gay, Thomas A 4141 Edgewater Dr Orlando Fl 32804	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
NAME STREET ADDRESS	vp Blackton, Bruce 1302 Bryn Orlando fl 32804	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of of the corp	on this report or supplemental report is tr	rue and accurate and that me rered to execute this report a	y signature shall have the	n Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if