2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000082645** 1. Entity Name TUNING POINT THREE, INC. 01 MAY 18 PM 1:28 Principal Place of Business Mailing Address SECRETARY OF STATE 7021 SPENCER DRIVE 7021 SPENCER DRIVE TALLAHASSEE, FLORIDA TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3407629 Not Applicable Zip Country Zip 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 LIPTON, RONALD J Street Address (P.O. Box Number is Not Acceptable) 7021 SPENCER DRIVE TALLAHASSEE FL 32312 Zip Code City FL 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** (NOT Registered Agent sunature required when reinstating) lignature, typed or printed name of registered agent and title if applicable. FILE NOW! ! FEE IS \$150.00 9. This corpo ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change TITLE TITLE Delete 500004274475 NAME LIPTON, RONALD NAME -05/21/01--01154--022 STREET ADDRESS STREET ADDRESS 7021 SPENCER DR ****158.75 ****158.75 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE CARROLL, MARSHALL NAME NAME STREET ADDRESS STREET ADDRESS **LONNIE GRAY RD** CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL Change Addition ☐ Delete TITLE TITLE NAME NAME PEART, GREG STREET ADDRESS STREET ADDRESS 248 CREPE MYETTE LN CITY-ST-ZIP CITY-ST-ZIP CAIRO GA ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify to 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 r y signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redigiver or trustee empowered to execute this report is equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER IR DIRECTOR

Date

Daytime Phone #



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5/18/01

To Whom It May Concern:

Due to a death in the family, I have been out of town since April and was unable to send the annual renewal corporation forms in on a timely basis. Any consideration you can extend to us would be greatly appreciated.

Sincerely,

Ronald Lipton