

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000082645
1. Entity Name
Tuning Point Three INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 26 PM 3:26

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7021 Spencer Dr</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Tallahassee FL</u>		City & State	
Zip <u>32312</u>	Country <u>LEON</u>	Zip	Country

4. FEI Number <u>59-3407629</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Ronald J. Lipton</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7021 Spencer Dr.</u>	
City <u>Tallahassee</u>	FL Zip Code <u>32312</u>

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 Ronald J. Lipton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

1. OFFICERS AND DIRECTORS

TITLE VP	NAME <u>Marshall Carroll</u>	TITLE NAME	
STREET ADDRESS <u>Lonnie Gray Rd</u>	STREET ADDRESS		
CITY-STATE-ZIP <u>Tallahassee FL</u>	CITY-STATE-ZIP		
TITLE T	NAME <u>Greg Plant</u>	TITLE NAME	
STREET ADDRESS <u>248 Crepe Myrtle Ln</u>	STREET ADDRESS		
CITY-STATE-ZIP <u>Osprey GA</u>	CITY-STATE-ZIP		
TITLE P	NAME <u>Ronald Lipton</u>	TITLE NAME	
STREET ADDRESS <u>7021 Spencer Dr</u>	STREET ADDRESS		
CITY-STATE-ZIP <u>Tallahassee FL 32312</u>	CITY-STATE-ZIP		
		DO NOT WRITE IN THIS SPACE	

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 on an attachment with an address with another like empowered.

SIGNATURE: Ronald J. Lipton
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR

4-30-02
Date

545-9597
Daytime Phone #

CR2E034B (12/01)