## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am Secretary of State P97000056022 DOCUMENT # 1. Entity Name 05-07-2002 90233 022 \*\*\*150 00 PICERNE SABLE POINT ASSOCIATES, INC. Principal Place of Business Mailing Address 247 NORTH WESTMONTE DRIVE 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3478995 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 Costolo, W. Terry, Esq. COSTOLO, W. TERRY ESO, Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DELVE ORLANDO-FL 32801 301 E. Pine St., Ste. 1400 Zip Code Orlando 32801 8. The above named entity submits this statement for t ging its registered office or registered agent, or both, in the State of Florida 4-25-02 SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition PICERNE, ROBERT M NAME NAME STREET ADDRESS 247 N WESTMONTE DR STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP CITY-ST-ZIP TITLE ... Delete TITLE Addition ☐ Change NAME WALKER, DWAYNE NAME STREET ADDRESS 247 N WESTMONTE DR STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE ☐ Change ☐ Addition NAME ERICH, JACK W NAME STREET ADDRESS 247 N WESTMONTE DR STREET ADDRESS CiTY-ST-7IP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered 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.

. 407-772-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🖊

Date 9

**FILED** 

Daytime Phone #