2002 UNIFORM BUSINESS REPORT (UBR)

Jun 11, 2002 8:00 am Secretary of State P98000044539 DOCUMENT # 1. Entity Name 06-11-2002 90391 024 ***150.00 RIVERPOINT ENTERPRISES, INC. Principal Place of Business Mailing Address 2102 BUTLER STREET P.O. BOX 491601 LEESBURG FL 34748 LEESBURG FL 34749-1601 US 2. Principal Place of Business 3. Mailing Address 706 Pasa Del Norte Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Leesburg, FL. 59-3537914 Not Applicable Zip Zip Country \$8.75 Additional 34748 5. Certificate of Status Desired Lake Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT, MARK O Street Address (P.O. Box Number is Not Acceptable) 2102 BUTLER STREET <u>706 Pasa Del Norte</u> LEESBURG FL 34748 Leesburg Zip Code FL 34748 3. 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 . Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/07) Change ■ Addition NAME BENNETT, MARK O NAME STREET ADDRESS 2102 BUTLER ST STREET ADDRESS 706 Pasa Del Norte CITY-ST-ZIS LEESBURG FL 34748 CITY-ST-ZIP Leesburg, Fl. 34748 TITLE Delete TITLE 12 Change ☐ Addition NAME Bennett, Penny L NAME STREET ADDRESS 2102 BUTLER SR STREET ADDRESS 706 Pasa Del Norte CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP Leesburg, Fl. 34748 TITLE Delete TITLE Change 🗆 . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete DITE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if SIGNATURE

FILED

Daytime Phone #