

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084255

1. Entity Name

FEDERAL POINT PUBLISHING, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90245 048 \*\*\*150.00

Principal Place of Business

RT.2 BOX 177-A, COMMERCIAL AVE.  
EAST PALATKA FL 32131

Mailing Address

RT.2 BOX 177-A, COMMERCIAL AVE.  
EAST PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

109 WEST GROVELAND LN

Suite, Apt. #, etc.

109 WEST GROVELAND LN.

City & State

EAST PALATKA, FL.

City & State

EAST PALATKA, FL

Zip

32131

Country

USA

Zip

32131

Country

USA

4. FEI Number

59-3538038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAST, JAMES  
109 W GROVELAND LN.  
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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

Signature, typed or printed name of registered agent and title acceptable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **MAST, JAMES D**  
STREET ADDRESS **109 WEST GROVELAND LN**  
CITY-STATE-ZIP **EAST PALATKA FL 32131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 empowered 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.

SIGNATURE: *James D. Mast* JAMES D. MAST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001  
Date

904-692-1974  
Daytime Phone #

CR2E034 (10/00)