

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 048 ***155.00

DOCUMENT # P99000018279

1. Entity Name
HOUSE POINT CORPORATION



Principal Place of Business
**1541 WOCATEE ST
INTERCESSION CITY FL 33848**

Mailing Address
**PO BOX 667
INTERCESSION CITY FL 33848**

2. Principal Place of Business
1560 NOCATEE RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 667
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Intercession City FL
Zip
33848
Country
OSCEOLA

City & State
Intercession City FL
Zip
33848
Country
OSCEOLA

4. FEI Number **65-0899864**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AQUILAR, JOSE M
1541 NOCATEE ST
INTERCESSION CITY FL 33848**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose M. Aguilar*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **AGUILAR, JOSE M**
STREET ADDRESS **PO BOX 667**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

TITLE **P** ☐ Delete
NAME **AGUILAR, JOSE M**
STREET ADDRESS **1541 NOCATEE ST**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose M. Aguilar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (321) 689-3983
Date Daytime Phone #

CR2E034 (10/02)