2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P99000042994 1. Entity Name 05-07-2002 90233 020 ***150.00 PICERNE MERIDIAN 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 59-3578746 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 Costolo, W. Terry, Esq. COSTOLO, W. TERRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO-FL-32801 301 E. Pine St., Ste. 1400 Zip Code <u>Orlando</u> 32801 8. The above named itity submits (his statement for the anging its registered office or registered agent, or both, in the State of Florida 4-25-02 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy is FILE NOW!!! FEE IS \$150.00 ntangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PICERNE, ROBERT M NAME STREET ADDRESS 247 NORTH WESTMONTE DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WALKER, DWAYNE NAME STREET ADDRESS 247 N WESTMONTE DR STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP TITLE ☐ Delete **VPS** TITLE Change ■ Addition NAME ERICH, JACK W NAME STREET ADDRESS 247 N WESTMONTE DR STREET ADDRESS CITY-ST-ZIP 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 intrue 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 in powered 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.

CITY-ST-ZIP

SIGNATURE:

With REQ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR