

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 025 ***150.00

DOCUMENT # **P990000044114** ✓

1. Entity Name

NO BROKER POINTS .COM, INC.

DO NOT WRITE IN THIS SPACE

B0061625

2. Principal Place of Business

1948 ALAQUA DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 916077

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD, FL.

City & State

LONGWOOD, FL.

4. FEI Number

59-3579401

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32791-6077

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LARRY HURST

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

1948 ALAQUA DR.

City

LONGWOOD

FL

Zip Code

32779

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**LARRY HURST, PRESIDENT
1948 ALAQUA DR.
LONGWOOD, FL. 32779 VICE PRESIDENT
SECRETARY
TREASURER**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/02

407-672-8634

CR2E034B (12/01)