

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093761

1. Entity Name
TIO/NORTHPOINT, INC.

Principal Place of Business
2902 FOREST CLUB DRIVE
PLANT CITY FL 33567

Mailing Address
2902 FOREST CLUB DRIVE
PLANT CITY FL 33567

2. Principal Place of Business

3111 W. Dr ML King Blvd

Suite, Apt. #, etc.
Suite 100

City & State
Tampa FL

Zip
33607

Country
US

3. Mailing Address

3111 W. Dr. ML King Blvd

Suite, Apt. #, etc.
Suite 100

City & State
Tampa FL

Zip
33607

Country
US

6. Name and Address of Current Registered Agent

HADLOW, RICHARD B
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

PHILLIP E JOHNSON

3111 W DR ML KING BLVD

SUITE 100

TAMPA

FL

33607

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 AM 9:03



DO NOT WRITE IN THIS SPACE

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