## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) F0000001121 **DOCUMENT#** 1. Entity Name



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	02-2003	•			

POINTER	DEVELOPMENT COMPAN	IY, INC.							
Principal Place of Business 4053 MAPLE ROAD AMHERST NY 14226		Mailing Address 4053 MAPLE ROAD AMHERST NY 14226	4053 MAPLE ROAD						
2. Principal F	Place of Business	3. Mailing Address					i daill <b>ea</b> th i	1 <b>0.10</b> 2 72 <b>.00</b> 3 72.	11 <b>2</b> 11021 1121 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.				] CHECK HERE I	F MAKING	CHANGE	:S
City & State		City & State		4. FEI Number	16-1343168		1	Applied For Not Applicable	
Zip	Country	Zip	ip Country		5. Certificate of	f Status Desired		<b>\$8.75</b> A Fee Requ	
	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of New Re	gistered /	Agent	
C T COR	PORATION SYSTEM			Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		•		Street Address	s (P.O. Box Number	is Not Acceptable)	<u>.</u>		
FLANIAII	ON FL 33324			City	**		FL	Zip Co	ode
	named entity submits this statement for	or the purpose of changing	its registere	l ed office or regist	tered agent, or both,	in the State of Flor		amiliar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (f	VOTE: Registered	d Agent signature requir	red when reinstating)		DATE	-	
	ILE NOW!!! FEE IS \$150.00	<del></del>		<del></del>					<del></del>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #