

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90020 014 ***150.00

DOCUMENT # M86734

1. Entity Name
POINTER POOLS, INC.

Principal Place of Business 3216 RIVERGROVE CIRCLE FORT MYERS FL 33905 US	Mailing Address 3216 RIVERGROVE CIRCLE FORT MYERS FL 33905-6232 US
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B0007887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3901 MARTIN LUTHER Suite, Apt. #, etc. KING BLVD City & State FORT MYERS, FL	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 33916 Country U.S.A.	Zip Country

4. FEI Number **65-0056319** Applied For
 Not Applied
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
POINTER, JESSE
3216 RIVERGROVE CIRCLE
FORT MYERS FL 33905

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS POINTER, JESSE 3216 RIVERGROVE CIRCLE FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jesse Pointer **JESSE POINTER** 1-20-00 941-275-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #