

2000 UNIFORM BUSINESS REPORT (UBR)

0007345

DOCUMENT # P14755

1. Entity Name

SET POINT, INC.

FILED

00 APR 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SCULLY COMPANY
OLD YORK ROAD
PA 19046

% SCULLY COMPANY
801 OLD YORK ROAD
JENKINTOWN PA 19046-1611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-2438113

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33384

Name NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
526 EAST PAUL AVE

City TALLAHASSEE FL Zip Code 32301

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 *Betty B. Young* Betty B. Young, Assistant Secretary 4/21/2000

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 \$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 PD
NAME SCULLY, MICHAEL A.
STREET ADDRESS 801 OLD YORK RD.
CITY-ST-ZIP JENKINTOWN PA ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME CAPINGRO, LOUISE
STREET ADDRESS 801 OLD YORK RD.
CITY-ST-ZIP JENKINTOWN PA ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SCULLY, JAMES D., JR.
STREET ADDRESS 801 OLD YORK RD.
CITY-ST-ZIP JENKINTOWN PA ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *James D. Scully Jr* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. SCULLY JR 4/21/00 (217) 887-8400 (DIRECTOR) Date Daytime Phone #

CR2E034 (9/99)