

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90061 034 ****61.25

DOCUMENT # 726853

1. Entity Name

POINCIANA WEST, INC.

Principal Place of Business

1230 OLD BOYNTON RD.
 BOYNTON BCH. FL 33426

Mailing Address

1230 OLD BOYNTON RD.
 BOYNTON BCH. FL 33426-3459

2. Principal Place of Business

98 SE 6th Ave

Suite, Apt., #, etc.

Suite 2

City & State

Delray Beach FL

Zip

33483

Country

USA

3. Mailing Address

98 SE 6th Ave

Suite, Apt., #, etc.

Suite 2

City & State

Delray

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2163574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MONTGOMERY, SCOTT~~
~~6428 LANSDOWNE CIRCLE~~
~~BOYNTON BEACH FL 33437~~

7. Name and Address of New Registered Agent

Name **Joseph M Dagher**

Street Address/P.O. Box Number (if Applicable)

98 SE 6th Ave Suite 2

City

Delray Beach

State

FL

Zip Code

33483

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 (if applicable) (NOTE: Registered Agent signature required when reinstating)

04/05/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SCOTT	
STREET ADDRESS	6428 LANGDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, ROSE	
STREET ADDRESS	1230 OLD BOYNTON RD. #218	
CITY-ST-ZIP	BOYNTON BCH. FL 33426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, SCOTT	
STREET ADDRESS	6428 LANDOWNE CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL 33462	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENNEMER, HOPKINS A JR	
STREET ADDRESS	21 SWALLOW DR	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EARNHART, CRAIG D	
STREET ADDRESS	811 GEORGE BUSH BLVD.	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, JAMES	
STREET ADDRESS	1005 SW 6TH AVE	
CITY-ST-ZIP	BOYNTON BCH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennemer, Hopkins A Jr	
STREET ADDRESS	21 Swallow Dr	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earnhart, Craig D	
STREET ADDRESS	10 SE 6th Ave	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Joseph M Dagher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

Daytime Phone #

CRP/ENC 7/10/00