

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90098 014 ****61.25

DOCUMENT # 726853

1. Entity Name

POINCIANA WEST, INC.

Principal Place of Business

Mailing Address

**98 SE 6TH AVE.
 DELRAY BEACH FL 33483**

**98 SE 6TH AVE.
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2163574

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGLER, JOSEPH M
 98 SE 6TH AVE. SUITE 2
 DELRAY BEACH FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD MONTGOMERY, SCOTT**
 STREET ADDRESS **6428 LANGDOWNE CIRCLE**
 CITY-ST-ZIP **BOYNTON BCH. FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WALTERS, ROSE**
 STREET ADDRESS **1230 OLD BOYNTON RD. #218**
 CITY-ST-ZIP **BOYNTON BCH. FL 33426**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD HOPKINS, KENNEMAS**
 STREET ADDRESS **21 SWALLOW DR**
 CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EARNHART, CRAIG**
 STREET ADDRESS **70 SE 4TH AVE.**
 CITY-ST-ZIP **DELRAY BCH FL 33483**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HART, JAMES**
 STREET ADDRESS **1005 SW 6TH AVE**
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE Change Addition
 NAME **Rose Walters**
 STREET ADDRESS **1230 Old Boynton Rd**
 CITY-ST-ZIP **# 218 Boynton Beach FL 33426**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 DAGLER* **2/18/02** **561-2653272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)