

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60980

1. Entity Name

FOURPOINTS SERVICE, CORPORATION

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90031 050 ***150.00

00032301



DO NOT WRITE IN THIS SPACE

Principal Place of Business % MELVIN L. DUPAUL 1606 SOUVENIR DRIVE CLEARWATER FL 34615		Mailing Address % MELVIN L. DUPAUL 1606 SOUVENIR DRIVE CLEARWATER FL 34615	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-2940344		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPAUL, MELVIN L. 1606 SOUVENIR DRIVE CLEARWATER FL 34615		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 _____ 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, 2001 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	D DUPAUL, MELVIN L. 1606 SOUVENIR DRIVE CLEARWATER FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL AUDREY L. 3044 BRANCH DR CLEARWATER FL 33760 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: MELVIN L. DU PAUL		Date 4 4 01 Daytime Phone # 727 442 0995	