

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005974

1. Entity Name
CONTRACTPOINT LLC



Principal Place of Business
**3300 NORTH UNIVERSITY DRIVE
SUITE 408
CORAL SPRINGS, FL 33065**

Mailing Address
**3300 NORTH UNIVERSITY DRIVE
SUITE 408
CORAL SPRINGS, FL 33065**

2. Principal Place of Business
331 S. First St
Suite, Apt. #, etc.

3. Mailing Address
399 N. LAUREL Dr
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE WALES, FL

City & State
Margate, FL

Zip
33853

Country
USA

Zip
33063

Country
USA

4. FEI Number
65-1095143

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**MANAGEMENT AND MARKETING SERVICES, INC.
3300 NORTH UNIVERSITY DRIVE
SUITE 408
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
399 N. LAUREL Drive

City
Margate

State
FL

Zip Code
33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **28 April 2003**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE 800017848288	<input type="checkbox"/> Addition
NAME BURGESS, JOSEPH L EMD		NAME 05/01/03--01084--013 **50.00	
STREET ADDRESS 3300 NORTH UNIVERSITY DRIVE, #408		STREET ADDRESS	
CITY-STATE-ZIP CORAL SPRINGS, FL 33065		CITY-STATE-ZIP	
TITLE Member/MGR	<input type="checkbox"/> Delete	TITLE Member/Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Burgess, Joseph A IV	
STREET ADDRESS		STREET ADDRESS 399 N. LAUREL Dr	
CITY-STATE-ZIP		CITY-STATE-ZIP Margate, FL 33063	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **JOSEPH L. Burgess** **MGRM** **28 April 2003** **954-978-2940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)