

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004066

1. Entity Name

POINT OF CONTACT INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90078 027 *****70.00

Principal Place of Business

10532 AKERS DRIVE, S.
JACKSONVILLE FL 32225

Mailing Address

10532 AKERS DRIVE, S.
JACKSONVILLE FL 32225

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

59-3654041

Applied For

Not Applicable

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

ADAMS, WILLIAM S
10532 AKERS DRIVE, S.
JACKSONVILLE FL 32225

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 D ☐ Delete
NAME ADAMS, JULIA B
STREET ADDRESS 10532 AKERS DRIVE, S.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Change ☒ Addition
NAME Cestau Childs-Clark
STREET ADDRESS 3005 WALTON ST APT 1
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D ☐ Delete
NAME ADAMS, WILLIAM S
STREET ADDRESS 10532 AKERS DRIVE, S.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Change ☒ Addition
NAME Shane Platten
STREET ADDRESS 5642 Windermere Dr. Apt 1
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☒ Delete
NAME MADISON, MICHAEL
STREET ADDRESS 3933 HICKORY GROVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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)(l), 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:

WILLIAM S. ADAMS
WILLIAM S. ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

904-642-2038

Daytime Phone #

CR2E037 (10/00)