

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90152 028 \*\*\*\*61.25

**DOCUMENT # N96000002386**

1. Entity Name

**POINTS OF LIFE, INCORPORATED**

Principal Place of Business

Mailing Address

**1108 JASMINE AVE  
FT PIERCE FL 34982****1108 JASMINE AVE  
FT PIERCE FL 34982-3544**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0665057**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DIXON, VONDA L  
1108 JASMINE AVE  
FT PIERCE FL 34982**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DIXON, VONDA	1108 JASMINE AVE	FT PIERCE FL 34982	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	DIXON, VIRGINIA L	1711 ADAMS STREET	HOLLYWOOD FL 33020	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCIVER, VANGE	3120 MARAVILLA BLVD	FT PIERCE FL 34982	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Vonda Lee Dixon** **REQUIRE VONDA LEE DIXON** 4/26/2000 561-461-6745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)