

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90061 008 \*\*\*\*61.25

DOCUMENT # N96000002386

1. Entity Name

POINTS OF LIFE, INCORPORATED

Principal Place of Business

1108 JASMINE AVE  
FT PIERCE FL 34982

Mailing Address

1108 JASMINE AVE  
FT PIERCE FL 34982

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

DIXON, VONDA L  
1108 JASMINE AVE  
FT PIERCE FL 34982

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

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

TITLE PD ☐ Delete  
NAME DIXON, VONDA  
STREET ADDRESS 1108 JASMINE AVE  
CITY-ST-ZIP FT PIERCE FL 34982

TITLE STD ☐ Delete  
NAME DIXON, VIRGINIA L  
STREET ADDRESS ~~1108 JASMINE AVE~~ 1300 ARTHUR ST.  
CITY-ST-ZIP HOLLYWOOD FL ~~33020~~ 33019

TITLE D ☐ Delete  
NAME MCIVER, VANGE  
STREET ADDRESS 3120 MARAVILLA BLVD  
CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

VONDA LEE DIXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

561-461-7353

Daytime Phone #

CR2E037 (10/00)