

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90075 008 ***158.75

DOCUMENT # P00000021242

1. Entity Name

MULTI-POINT COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5735 LEESWAY BLVD.
PENSACOLA FL 32504

Mailing Address
5735 LEESWAY BLVD.
PENSACOLA FL 32504

2. Principal Place of Business
3496 Alcaniz Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

4. FEI Number
59-3633815

Applied For
 Not Applicable

Zip
32503

Country

Zip

Country

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

LOZIER, DANIEL
125 W. ROMANA STREET
SUITE 224
PENSACOLA FL 32501

Name
Barbara Allen
 Street Address (P.O. Box Number is Not Acceptable)
3496 Alcaniz Street

City
Pensacola **FL** Zip Code
32503

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]
 Signature, typed or printed name of registered agent and the principal.

(NOTE: Registered Agent signature required when reinstating)

[Signature] **1/10/01**
 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	President Barbara Allen 5735 Leesway Blvd Pensacola, FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Norman E. Allen 5735 Leesway Blvd Pensacola, FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
 Date

(850) 437-3396
 Daytime Phone #

CR2E034 (10/00)