

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90210 045 ***158.75

DOCUMENT # P00000028460

1. Entity Name
POINT CONSTRUCTION SERVICES, INC.



Principal Place of Business
2730 OLD HWY 60
MULBERRY FL 33860-0915

Mailing Address
P.O. BOX 915
MULBERRY FL 33860-0915

2. Principal Place of Business
923 S Florida Ave.

3. Mailing Address
923 S. Florida Ave

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33803

Country
USA

Zip
33803

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3634423**

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

ARTMAN, STUART D
2730 OLD HWY 60
MULBERRY FL 33860-0915

Name

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

923 S. Florida Ave Suite 102

City **LAKE LAND**

FL

Zip Code **33803**

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 **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ARTMAN, STUART D**
STREET ADDRESS **530 BONNIE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **STD** ☒ Change ☒ Addition
NAME **Byrd, Philip G**
STREET ADDRESS **3904 MARQUISE LN**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **STD** ☒ Delete
NAME **STACH, ROBERT**
STREET ADDRESS **6110 WOODALE DR.**
CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)