

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91183 014 ***158.75

DOCUMENT # P01000015033

1. Entity Name
POINT & CLICK COMPUTING INC.

Principal Place of Business
2011 GULF BLVD., #4B
INDIAN ROCKS BEACH FL 33785

Mailing Address
2011 GULF BLVD., #4B
INDIAN ROCKS BEACH FL 33785



2. Principal Place of Business
2101 GULF BLVD.
 Suite, Apt. #, etc. **#4A**

3. Mailing Address
2101 GULF BLVD.
 Suite, Apt. #, etc. **#4A**

DO NOT WRITE IN THIS SPACE

City & State
INDIAN ROCKS Bch., FL.
 Zip **33785** Country

City & State
INDIAN ROCKS Bch., FL.
 Zip **33785** Country

4. FEI Number
77-0559026 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINAN, PATRICK
2011 GULF BLVD., #4B
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name **FINAN, PATRICK**
 Street Address (P.O. Box Number if Not Applicable) **2101 GULF BLVD. #4A**
 City **INDIAN ROCKS Bch.** FL Zip Code **33785**

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 *Patrick Finan* **PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

TITLE	P <input type="checkbox"/> Delete
NAME	FINAN, PATRICK
STREET ADDRESS	2011 GULF BLVD., #4B
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2101 GULF BLVD. #4A
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Patrick Finan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)