

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-21-2002 90880 007 ***150.00

DOCUMENT # P01000052429

1. Entity Name
Point And Pay, Inc.

DO NOT WRITE IN THIS SPACE

91686

2. Principal Place of Business
5837 Deer Tracks Trail
Suite, Apt. #, etc.

3. Mailing Address
5837 Deer Tracks Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
03-0423112

Applied For
☐ Not Applicable

Zip
33811

Country
USA

Zip
33811

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
B. Anjani Girwarr, Esq.

Street Address (P.O. Box Number is Not Acceptable)
5837 Deer Tracks Trail

City Lakeland **FL** **Zip Code** 33811

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

B. Anjani Girwarr, Fla Bar No. 874779

06/04/02

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

(NO IL: 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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Gary Francis (P/D)
5837 Deer Tracks Trail,
Lakeland, FL 33811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President, Les Griffin (V/D)
2340 Ciji Circle
Snellville, GA 30039

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary, B. Anjani Girwarr, (S/D)
5837 Deer Tracks Trail
Lakeland, FL 33811

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) 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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. Anjani Girwarr, Fla Bar No. 874779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

06/04/02 (863) 647-2627

CR2E034B (12/01)