

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90106 049 \*\*\*550.00

**DOCUMENT # P01000086262**

1. Entity Name

POINT SOUTH HOLDINGS, INC.

Principal Place of Business

911 WATERS EDGE DR  
N HUTCHINSON ISLAND FL 34949

Mailing Address

911 WATERS EDGE DR  
N HUTCHINSON ISLAND FL 34949

43449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROFFERS, DEAN  
911 WATERS EDGE DR  
N HUTCHINSON ISLAND FL 34949

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	CAFLISCH, NEALE	
STREET ADDRESS	7373 CARDEN DR	
CITY-ST-ZIP	NEENAH WI 54956	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROFFERS, DEAN	
STREET ADDRESS	911 WATERS EDGE DR	
CITY-ST-ZIP	N HUTCHINSON ISLAND FL 34949	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *NEALE CAFLISCH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

MEMORANDUM

Attachment

2/3 4/4/9

TO The Dept. of State

# 101000086202  
FROM Point South Holdings Inc.  
911 Waters Edge Dr.  
N. Hutchinson Island Fla

DATE 9-30-02

SUBJECT Corp. Renewal

MESSAGE

Enclosed is the returned 2002 Uniform  
Business Report. In checking with the  
IRS in that this entity is not operative  
it is not necessary to provide a FEI number  
Please complete the filing as we have  
checked the box "Not Applicable"