

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000121354

1. Entity Name  
P. O. S. MEDIA, INC.



Principal Place of Business  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135

Mailing Address  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90186 046 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 80-0028857

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

~~EURO-AMERICAN FINANCIAL SERVICES, INC.~~  
~~28000 SPANISH WELLS BLVD.~~  
~~BONITA SPRINGS FL 34135~~

Name ALLURE ACCOUNTING, LLC  
Street Address (P.O. Box Number is Not Acceptable)  
28000 SPANISH WELLS BLVD.  
City BONITA SPRINGS FL Zip Code 34135

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

**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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
P. AMBURN, JAMES W  
STREET ADDRESS 2800 SPANISH WELLS BLVD  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE NAME ☒ Delete  
V. WETLAUFER, MANFRED  
STREET ADDRESS 2800 SPANISH WELLS BLVD  
CITY-ST-ZIP BONITA SPRINGS FL 34135

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03

Date

239-992-3355

Daytime Phone #

CR2E034 (10/02)