FILED

03 APR 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006074

1. Entity Name
POINTE INSTALLATION INC.

Principal Place of Business	Mailing Address
2259 LINTON RIDGE CIR G7 DELRAY BEACH, FL 33444	2259 LINTON RIDGE CIR G7 DELRAY BEACH, FL 33444

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip ____ Country ____

3. Mailing Address: 2259 CLINTON RIDGE
Suite, Apt. #, etc.: CIRCLE
City & State: DELRAY BEACH
Zip: 33444 Country: PALM BEACH

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0996023 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RAGOONATH, MICHAEL
200 KNUTH RD STE 216
BOYNTON BEACH, FL 33436

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's signature required when filing) 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 DP NAME BENNETT, DAVID STREET ADDRESS 2259 LINTON RIDGE CIR G7 CITY-ST-ZIP DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200014416802 03/20/03--01070--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E024 (1/02)

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: David Bennett — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/17/2003 — Date
561-737-6801 — Daytime Phone #

JP 4/21/03