

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

03-17-2003 90135 032 ***150.00

DOCUMENT # P02000126301

1. Entity Name
POINTLESS PRODUCTIONS, INC.



Principal Place of Business
**510 S. RAMONA AVENUE
LAKE ALFRED FL 33850**

Mailing Address
**510 S. RAMONA AVENUE
LAKE ALFRED FL 33850**

55044894



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEL Number
1314234119

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

**BONIFAY, SHANE P
510 S. RAMONA AVENUE
LAKE ALFRED FL 33850**

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

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
STREET ADDRESS
CITY-ST-ZIP
**PD
BONIFAY, SHANE P
510 S. RAMONA AVENUE
LAKE ALFRED FL 33850** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
BONIFAY, BETTY N
510 S. RAMONA AVENUE
LAKE ALFRED FL 33850** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone

CR2E034 (10/02)

Attachment
~~Pointless~~ 126301

55044894

COPY - TAX ID



2003 Florida Intangible Personal Property Tax Return for Corporation,
Partnership, and Fiduciary Filers as of January 1, 2003

1024
DR-601C

FEIN 13-4234119

Filing Status 5

Amended Return

Address Changes

Bank/Trust

Name POINTLESS PRODUCTION R. 01/03

Address 510 S ROMONA AVENUE

Address

City/State/ZIP ALKE ALFRED FL 33850

8325000301033015031342341194

DOR Use Only

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