

2010 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P08000073102
1. Entity Name	
ON POINT GROUP INC	

FILED

10 AUG 23 AM 8:37

600184076626
08/23/10--01045--015 FLORIDA
600184076626
08/05/10--01030--006 **158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2347 W BEACH STREET		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL			
Zip	Country	Zip	Country
33687			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
38-3788119	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAPHNE JONES
Street Address (P.O. Box Number is Not Acceptable)
2347 W BEACH STREET
City
TAMPA
FL
Zip Code
33687

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:  6/1/2010
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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.

TITLE	CEO	TITLE	
NAME	DAPHNE JONES	NAME	
STREET ADDRESS	2347 W BEACH STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33687	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DAPHNE JONES 6/1/2010 (407) 822-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #