

2000 UNIFORM BUSINESS REPORT (UBR)

0007345

DOCUMENT # P14755

1. Entity Name

SET POINT, INC.

FILED

00 APR 21 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SCULLY COMPANY OLD YORK ROAD PA 19046	% SCULLY COMPANY 801 OLD YORK ROAD JENKINTOWN PA 19046-1611

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	23-2438113	Applied For	Not Applicable
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33384

7. Name and Address of New Registered Agent	
Name	NRAI SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)	526 EAST PAUL AVE
City	TALLAHASSEE FL
Zip Code	32301

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.	
SIGNATURE <i>Betty B. Young</i>	Betty B. Young, Assistant Secretary 4/21/2000
(NOTE: Registered Agent signature required when reinstating)	

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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCULLY, MICHAEL A.
STREET ADDRESS	801 OLD YORK RD.
CITY-ST-ZIP	JENKINTOWN PA
TITLE	S
NAME	CAPINGRO, LOUISE
STREET ADDRESS	801 OLD YORK RD.
CITY-ST-ZIP	JENKINTOWN PA
TITLE	TD
NAME	SCULLY, JAMES D., JR.
STREET ADDRESS	801 OLD YORK RD.
CITY-ST-ZIP	JENKINTOWN PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: <i>James D. Scully Jr</i>	JAMES D. SCULLY JR 4/12/00 (217) 887-8400
(DIRECTOR)	

CR2E034 (9/99)