

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90210 046 ***158.75

DOCUMENT # P92000001018

1. Entity Name
POINT ENGINEERING, INC.



Principal Place of Business
2374 OLD HIGHWAY 60
MULBERRY FL 33860
US

Mailing Address
P.O. BOX 915
MULBERRY FL 33860

11033854



2. Principal Place of Business

923 S FLORIDA AVE

3. Mailing Address

923 S. FLORIDA AVE.

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33803

Country

POLK

Zip

33803

Country

POLK

4. FEI Number

59-3149670

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H ESQ.
925 S FLORIDA AVE
STE 102
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

923 S. FLORIDA AVE.

SUITE 102

City
LAKELAND

FL

Zip Code

33803

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

N/A

4/28/03

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

TITLE **PD** ☐ Delete
NAME **ARTMAN, STUART**
STREET ADDRESS **530 BONNIE DR**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VPD** ☒ Delete
NAME **STACH, ROBERT**
STREET ADDRESS **6110 WOODALE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☐ Change ☒ Addition
NAME **BYRD, PHILIP**
STREET ADDRESS **3909 MARQUISE LANE**
CITY-ST-ZIP **MULBERRY, FL 33860**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

VPD BYRD, PHILIP G. BYRD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

863-683-1816
Daytime Phone #

CR2E034 (10/02)