

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045660

1. Entity Name

POINT SYSTEMS, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90063 006 \*\*\*150.00

Principal Place of Business

Mailing Address

405 CENTRAL AVE  
302  
ST. PETERSBURG FL 33701

P.O. BOX 76255  
ST. PETERSBURG FL 33734-6255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

870-13th AVE N.  
Suite, Apt. #, etc.  
2B

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG FL

4. FEI Number 59-3323315

Applied For  
Not Applicable

Zip  
33701

Country  
Pinellas

Zip

Country

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

BESTULIC, LIVIO  
4133 14TH STREET NE  
ST. PETERSBURG FL 33703

Name BESTULIC, LIVIO

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

870-13th AVE N., #2B

City ST PETERSBURG

FL

Zip Code 33701

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

Signature, typed or printed name of registered agent and title if applicable.

LIVIO BESTULIC, PRES.

4/6/00

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME BESTULIC, LIVIO  
STREET ADDRESS 4133 14TH STREET NE  
CITY-ST-ZIP ST. PETERSBURG FL 33703

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE D  
NAME BESTULIC, LIVIO  
STREET ADDRESS 870-13th AVE N., #2B  
CITY-ST-ZIP ST PETERSBURG, FL 33701

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIVIO BESTULIC

4/6/00

727-822-1118

Date

Daytime Phone #

CR2E034 (9/99)