

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90201 043 ***150.00

DOCUMENT # P96000000211

1. Entity Name

POINT BUILDERS, INC.

Principal Place of Business

**1828 S FLORIDA AVE
 LAKELAND FL 33803
 US**

Mailing Address

**1828 S FLORIDA AVE
 LAKELAND FL 33803
 US**

2. Principal Place of Business

308 E. 7th AVE

Suite, Apt. #, etc.

3. Mailing Address

308 E. 7th AVE

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33602

Country

City & State

Tampa FL

Zip

33602

Country

4. FEI Number

59-3361669

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KELLEY, M F
 430 COLUMBIA DR
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name

MICHAEL F. KELLEY

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

308 E. 7th AVE

City

Tampa

FL

Zip Code

33602

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.

(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, 2002 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

TITLE ☐ Delete
 NAME **P MICHAEL F. KELLEY**
 STREET ADDRESS **430 COLUMBIA DR**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **308 E. 7th AVE**
 CITY-ST-ZIP **Tampa FL 33602**

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

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

Michael F. Kelley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 (813)229-8015
 Date Daytime Phone #

CR2E034 (9/01)