

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90154 044 ***150.00

0056457

DOCUMENT # P96000083226

1. Entity Name
POINTS SOUTH, INC.

Principal Place of Business
**435 4TH AVE N
 ST PETERSBURG FL 33701**

Mailing Address
**435 4TH AVE N
 ST PETERSBURG FL 33701**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
906 TAVAGER ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
BURLINGTON, ONTARIO

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip Country

Zip Country
LTT-2YA CANADA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCRON, BRUCE
 435 4TH AVE N
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name
DONQUAN & LIMROTH C.P.A.'S
 Street Address (P.O. Box Number is Not Acceptable)
11020 SEMINOLE BLVD
 City **SEMINOLE** FL Zip Code **33778**

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)

4/30/01
 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, 2001 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 **D FRANCHETTO, NANCY**
 STREET ADDRESS **435 4TH AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Delete
 NAME **D MCCRON, BRUCE**
 STREET ADDRESS **435 4TH AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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 employed.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30/01 **727-895-1952**
 Date Daytime Phone #

CR2E034 (10/00)