

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070974

1. Entity Name

POINT TELECOM SOLUTIONS, INC.

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

04-11-2000 90169 032 \*\*\*150.00

Principal Place of Business

12704 DUPONT CIR  
TAMPA FL 33626  
US

Mailing Address

P.O. BOX 420  
OLDSMAR FL 34677-0420  
US

2. Principal Place of Business

4027 Tampa Rd

Suite, Apt. #, etc.

Suite 3000

City & State

Oldsmar FL

Zip

34677

Country

Pinellas

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462848

Applied For

Not Applicable

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

KEY, DAVID  
12704 DUPONT CIRCLE  
TAMPA FL 33626

Name

Key David

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

4027 Tampa Rd

Suite 3000

City

Oldsmar

FL

Zip Code

34677

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS MCKAY, RICK  
CITY-ST-ZIP 12704 DUPONT CIR  
TAMPA FL 33626

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4027 Tampa Rd Suite 3000  
CITY-ST-ZIP Oldsmar FL 34677

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KEY, DAVID B  
CITY-ST-ZIP 12704 DUPONT CIRCLE  
TAMPA FL 33626

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4027 Tampa Rd Suite 3000  
CITY-ST-ZIP Oldsmar FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

813-855-8850

CR2E034 (9/99)