

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0101669 AV

DOCUMENT # P98000031712

1. Entity Name

PIN POINT MARKETING ENTERPRISE, INC.

04-10-2002 90657 042 ***150.00

Principal Place of Business

5104 N. OBT
 ORLANDO FL 32810

Mailing Address

5104 N. OBT
 ORLANDO FL 32810

2. Principal Place of Business

285 W Central Parkway
 Suite 1726
 Altamonte Springs
 32701 USA

3. Mailing Address

285 W Central Parkway
 Suite 1726
 Altamonte Springs
 32714 USA



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs

City & State

Altamonte Springs

4. FEI Number

59-3507217

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, GINA M
 5104 N. OBT
 ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: RICHARD M. ROBINSON
 Street Address (P.O. Box Number is Not Applicable): GRAY, HARRIS, & ROBINSON P.A.
 301 E. Pine Street, Suite 1400
 City: ORLANDO FL 32801

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: Richard Robinson

03-15-02

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: P
 NAME: JONES, GINA M
 STREET ADDRESS: 2466 ELMORE CT
 CITY-ST-ZIP: APOPKA FL 32703 ☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D/P/S/T ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
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 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:

Gina M. Jones
 President 4-2-02 407-774-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)