

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083630

1. Entity Name

POINT & CLICK, INC.

Principal Place of Business

4504 SANDCASTLE CIRCLE
ST. AUGUSTINE FL 32095

Mailing Address

4504 SANDCASTLE CIRCLE
ST. AUGUSTINE FL 32095-1347

2. Principal Place of Business

509 S. PONCE DE LEON

3. Mailing Address

P.O. Box 923

Suite, Apt. #, etc.

BLVD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

Zip

32085

Country

USA

6. Name and Address of Current Registered Agent

ESPERSON, GAYE ANASTASIA
4504 SANDCASTLE CIRCLE
ST. AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

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

509 S. PONCE DE LEON BLVD.

City

ST. AUGUSTINE

FL

Zip Code

32086

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ESPERSON, GAYE ANASTASIA
CITY-ST-ZIP 4504 SANDCASTLE CIRCLE
ST. AUGUSTINE FL 32095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90289 010 ***150.00



DO NOT WRITE IN THIS SPACE

FILED