

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083630

1. Entity Name
POINT & CLICK, INC.

Principal Place of Business
5095 PONCE DE LEON BLVD D
SAINT AUGUSTINE FL 32086

Mailing Address
PO BOX 923
ST AUGUSTINE FL 32085

2. Principal Place of Business
509 Ponce de Leon Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3535141

Applied For
Not Applicable

Zip
32084

Country

Zip

Country

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

ESPERSON, GAYE ANASTASIA
509 S PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32086

Name

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

City

FL Zip Code 32084

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 *Gaye Anastasia Esperson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ESPERSON, GAYE ANASTASIA
CITY-ST-ZIP 4504 SANDCASTLE CIRCLE 509 S. Ponce de Leon Blvd
ST. AUGUSTINE FL 32085 32084

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *Gaye Anastasia Esperson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

904 540 0421

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90301 015 ***150.00



DO NOT WRITE IN THIS SPACE