

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90068 040 ***150.00

0009825 AV

DOCUMENT # P98000083630

1. Entity Name

POINT & CLICK, INC.



Principal Place of Business

509 PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084

Mailing Address

PO BOX 923
ST AUGUSTINE FL 32085

2. Principal Place of Business

114 RIVER VIEW DR

3. Mailing Address

PO BOX 923
114 RIVER VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

E. PALATKA

City & State

ST. AUGUSTINE FL

4. FEI Number

59-3535141

Applied For

Not Applicable

Zip

321 31

Country

USA

Zip

32085

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPERSON, GAYE ANASTASIA
509 S PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ESPERSON, GAYE ANASTASIA
509 S PONCE DE LEON BLVD
SAINT AUGUSTINE FL 32084 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ESPERSON, GAYE ANASTASIA
114 RIVER VIEW DRIVE
E. PALATKA, FL 32131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 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

March 30, 2003

Date

904-540-0421

Daytime Phone #

CR2E034 (10/02)