

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000000493**

1. Entity Name
POINT B. CONSULTING, INC.

Principal Place of Business
**15661 LAUREL DAWN DR.
FT. MYERS FL 33912**

Mailing Address

**15661 LAUREL DAWN DR.
FT. MYERS FL 33912**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **Country**

Zip

Country

4. FEI Number

65-0885428

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOLITOR, GINA M
15661 LAUREL DAWN DR.
FT. MYERS FL 33912**

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.

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, 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

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE **PVST**
NAME **MOLITOR, GINA M**
STREET ADDRESS **15661 LAUREL DAWN DR.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **MOLITOR, GINA**
STREET ADDRESS **15661 LAUREL DAWN DR**
CITY-ST-ZIP **FORT-MYERS FL-33912**

TITLE
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. Molitor **GINA M. Molitor, President** **2/15/02 941/590-0937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

048516 AV

CR2E034 (9/01)