

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90026 048 ***150.00

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

18110 ParkKridge Court
Suite, Apt. #, etc.

18110 ParkKridge Court
Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip
33908

Country
US

City & State

Fort Myers, FL

Zip
33908

Country
US

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**

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

GINA MOLITOR, PRESIDENT 2/28/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18110 ParkKridge Court
Fort Myers, FL 33908** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18110 ParkKridge Court
Fort Myers, FL 33908** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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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

GINA MOLITOR, PRES 2/28/03
Date

Daytime Phone #

239/590-0937

CR2E034 (10/02)