

2000 UNIFORM BUSINESS REGISTER (UBR)

8/

FILED
Sep 14, 2000 8:00 am
Secretary of State

08-29-2000 90031 046 ***150.00

DOCUMENT # P99000002531

1. Entity Name
CHARLIE POYNTER CONTRACTING, INC.

R

Principal Place of Business
 2916 FRIERSON ST. UNIT 19
 FORT MYERS FL 33916

Mailing Address
 2916 FRIERSON ST. UNIT 19
 FORT MYERS FL 33916

wrong add.

2. Principal Place of Business
FT MYERS

3. Mailing Address
2961 FRIERSON ST 19

Suite, Apt. #, etc.
2961 FRIERSON ST. #19

Suite, Apt. #, etc.
FT MYERS FL

City & State
FT MYERS FL

City & State

Zip Country
33916 - USA

Zip Country
33916 - USA

4. FEI Number
65-088-6942

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALSH, KAREN
2916 FRIERSON ST. UNIT 19
FORT MYERS FL 33916

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.

SIGNATURE *Karen Poynter* (NOTE: Registered Agent signature required when reinstating)
 DATE *9/25/00*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, KAREN 2916 FRIERSON ST. UNIT 19 FORT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen Poynter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE *9/25/00*
 Daytime Phone #

Attachment
P9900000253



Copy of Marriage Cert. 309803

1 SIGNATURE OF OFFICIAL (Sign full name using black ink) *[Signature]*
 11 TITLE OF OFFICIAL DEPUTY CLERK
 12 SIGNATURE OF OFFICIAL (Use black ink) *[Signature]*
 13 SIGNATURE OF BRIDE (Sign full name using black ink) *[Signature]*
 14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 1/26/99
 15 COUNTY OF OFFICIAL DEPUTY CLERK
 16 DATE LICENSE ISSUED 1/26/99
 17 COUNTY ISSUING LICENSE
 18 DATE LICENSE EFFECTIVE 1/29/99
 19 EXPIRATION DATE 3/27/99

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

20a SIGNATURE OF COUNTY CLERK *[Signature]*
 21 TITLE CLERK OF COURT
 22 BY DC *[Signature]*

SEAL

CERTIFICATE OF MARRIAGE

1 I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

2 DATE OF MARRIAGE (Month, Day, Year) 2-2-99
 3 CITY, TOWN, OR LOCATION OF MARRIAGE N. Ft. Myers, FL
 4 SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) *[Signature]*
 5 ADDRESS (Of person performing ceremony) 3436 MARIATOWN LANE - N. FT MYERS
 6 NAME AND TITLE OF PERSON PERFORMING CEREMONY REV. SHARI SOURILL
 7 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
 8 SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
 9 NAME OF WEDDING CHAPEL OR VENUE MINI. TR. WEDDING CHAPEL OF LOVE

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

GROOM	SOCIAL SECURITY NUMBER	RACE	25 WERE YOU EVER PREVIOUSLY MARRIED?		IF ANSWER IS YES TO EITHER, THEN COMPLETE ITEMS 26a, 26b AND 26c		26a NO. OF THIS MARRIAGE	26b LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNUULMENT)	26c DATE LAST MARRIAGE ENDED (M., Day, Year)
			NO	YES	3	DIVORCE			
	0	WHITE	NO	YES	3	DIVORCE		10/02/89	
BRIDE	SOCIAL SECURITY NUMBER	RACE	33 WERE YOU EVER PREVIOUSLY MARRIED?		IF ANSWER IS YES TO EITHER, THEN COMPLETE ITEMS 33a, 33b AND 33c		33a NO. OF THIS MARRIAGE	33b LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNUULMENT)	33c DATE LAST MARRIAGE ENDED (M., Day, Year)
			NO	YES	4	DIVORCE			

Attachment

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309803

825/00

Please be informed that there was an address mistake on my A.B.R. and I just received this in the mail, after you attempted 2x to send it with that I have along with that I have a copy of my marriage cert. as my name is now changed to Soyater. I called and you told me that I needed to send this check with a note in regards to our mistake in address. Thank you.

Sincerely,
Kam Soyater