

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

0487057 AV

**DOCUMENT # P99000002531**  
 1. Entity Name  
**CHARLIE POYNTER CONTRACTING, INC.**

01-10-2002 90015 016 \*\*\*150.00

Principal Place of Business <b>2950 N 2ND ST N FORT MYERS FL 33917</b>	Mailing Address <b>2950 N 2ND ST N FORT MYERS FL 33917</b>
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BUUU1603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2950 N 2ND ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2950 N. SECOND ST.</b> Suite, Apt. #, etc.
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City & State <b>N. FT MYERS FL</b>	City & State <b>N. FT MYERS FL</b>	4. FEI Number <b>65-0886942</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33917</b>	Country <b>USA</b>	Zip <b>33917</b>	Country <b>USA</b>

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

**6. Name and Address of Current Registered Agent**  
**POYNTER, CHARLIE**  
**2950 N 2ND ST**  
**N FORT MYERS FL 99317**

**7. Name and Address of New Registered Agent**  
 Name **KAREN POYNTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2950 N. SECOND ST**  
 City **N. FT. MYERS FL.** **FL** Zip Code **33917**

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]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PTS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POYNTER, KAREN</b>		NAME	
STREET ADDRESS <b>2916 FRIERSON ST. UNIT 19</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS FL 33916</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POYNTER, CHARLIE</b>		NAME	
STREET ADDRESS <b>2961 FRIERSON STREET #19</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS FL 33916</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **1/5/02** PHONE: **941-995-7790**

CR2E034 (9/01)