

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002531

1. Entity Name  
CHARLIE POYNTER CONTRACTING, INC.

Principal Place of Business  
2950 N 2ND ST  
N FORT MYERS FL 33917

Mailing Address  
2950 N 2ND ST  
N FORT MYERS FL 33917

2. Principal Place of Business  
2950 N 2ND ST.  
Suite, Apt. #, etc.

3. Mailing Address  
2950 N. SECOND ST.  
Suite, Apt. #, etc.

City & State  
N. FT MYERS FL

Zip  
33917

Country  
USA

City & State  
N. FT MYERS FL

Zip  
33917

Country  
USA

## 6. Name and Address of Current Registered Agent

POYNTER, CHARLIE  
2950 N 2ND ST  
N FORT MYERS FL 33917

4. FEI Number  
65-0886942

Applied For  
Not Applicable

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

## 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

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  
Sign, re, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS POYNTER, KAREN 2916 FRIERSON ST. UNIT 19 FORT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POYNTER, CHARLIE 2961 FRIERSON STREET #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

## 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
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

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 Required

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

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

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DO NOT WRITE IN THIS SPACE

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1/5/02 941-995-7790