

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000048285**

1. Entity Name

POINTE WEST REALTY, INC.

Principal Place of Business

**7645 20TH STREET
VERO BEACH FL 32966**

Mailing Address

**1999 POINTE WEST DRIVE
VERO BEACH FL 32966**

2. Principal Place of Business

1999 POINTE WEST DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32966

Country

USA

Zip

Country

4. FEI Number

65-1013497

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MECHLING, CHARLES
1999 POINTE WEST DRIVE
VERO BEACH FL 32966**

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|------------------------|---------------------|---------------------------------|
| PD | MECHLING, CHARLES R | 1999 POINTE WEST DRIVE | VERO BEACH FL 32966 | <input type="checkbox"/> |

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|------------------------|---------------------|---------------------------------|
| VD | DONNER, EDWARD D | 1999 POINTE WEST DRIVE | VERO BEACH FL 32966 | <input type="checkbox"/> |

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|------------------------|---------------------|---------------------------------|
| STD | JONES, THOMAS R | 1999 POINTE WEST DRIVE | VERO BEACH FL 32966 | <input type="checkbox"/> |

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

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| | | | | <input type="checkbox"/> |

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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHARLES R. MECHLING

4/23/01

**361
794-4577****FILED
Apr 30, 2001 8:00 am
Secretary of State**

04-30-2001 90349 044 ***150.00

753107

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)