

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070128

1. Entity Name

POINTE COMMUNICATION SERVICES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90251 019 ***150.00

Principal Place of Business

Mailing Address

8529 S. PARK CIR., STE. 270
ORLANDO FL 32801

8529 S. PARK CIR., STE. 270
ORLANDO FL 32819-9017

2. Principal Place of Business

3. Mailing Address

PO BOX 5200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

4. FEL Number

59-3594509

Applied For

Not Applicable

Zip

Country

32793

Country

US

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

JONES, PHILIP M

8529 S. PARK CIR., STE. 270
ORLANDO FL 32801

Name

W. Graham White, Esq.

Street Address (P.O. Box Number is Not Acceptable)

250 Park Avenue South - 5th Floor

City

Winter Park

FL

Zip Code

32789

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

W. Graham White

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS JONES, PHILIP M
CITY-ST-ZIP 7016 STONE CAHPEL CT.
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KUBISAK, JOE
CITY-ST-ZIP 7501 RED BUD CT.
ORLANDO FL 32807

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH KUBISAK 4/27/00 4076579197