FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2001 8:00 am DOCUMENT # P99000073161 **Secretary of State** 1. Entity Name 06-04-2001 90013 026 ***150.00 POS PLUS, INC. Principal Place of Business Mailing Address 757 SE-17TH ST 5602 Woodmere Lake Cir. 757 SE-17TH ST 5602 Woodmere LakeCircle BU059074 A 102 2. Principal Place of Business 3. Mailing Address 5602 Woodmerzlake Citcle Woodmere DO NOT WRITE IN THIS SPACE A 102 A 102 City & State City & State Applied For 4. FEI Number 65-0961328 Walles Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Name</u> CANTOR, DEBORAH Street Address (P.O. Box Number is Not Acceptable) Stood Woodwere Lake Circle 757-SE-17TH-9T #645 PT LAUDERDALE FL-33916 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. Registered Agent signature required when reinstating) FILE NOW! ! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. √ Change Addition TITLE ☐ Delete TITLE CANTOR, DEBORAH NAME NAME 5602 woodmere Lake Circle, A 102 STREET ADDRESS STREET ADDRESS 757 SE 17TH ST. #645 CITY-ST-ZIP CITY - ST - ZIP FT-LAUDERDALE FL-33316 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

13. I hereby certify that the information supplied with this filing does not qualify fc. 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 by 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

Date Daytime Phone #



hensley & company pa

10911 Bonita Beach Road #208 Bonita Springs, Florida 34135 941/992-6060 Fax 941/992-9506 email: kfhcpa@aol.com

Wednesday, May 30, 2001

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

RE: P99000073161 POS Plus, Inc.

Dear Sirs:

Following please find 2001 Uniform Business Report for POS Plus, Inc. Please consider waiving late fee, as client didn't receive document on time due to a mix up with the change of address and receiving mail at the new address.

Thank you for your consideration in this matter.

Sincerely,

Karey Hensley CPA