

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/0

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-09-2000 90042 044 ***150.00

DOCUMENT #P99000085155

1. Entity Name

Point Eleven Inc.

Principal Place of Business

Mailing Address

LAKEWALLES

629 U.S. 27-S
LAKEWALLES
FL 33853

2. Principal Place of Business

LAKEWALLES

3. Mailing Address

629 U.S. 27-S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite - 100

City & State

City & State

LAKEWALLES FL

LAKEWALLES FL

Zip

Zip

33853 POLK

33853 POLK

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0708015

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

VINOD Z. Patel

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

Vinod Z. Patel

05/30/00

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, 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	VINOD Z. Patel	<input type="checkbox"/> Delete
NAME	629 HWY 27-S	
STREET ADDRESS	LAKEWALLES	
CITY-ST-ZIP	FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

VINOD Z. Patel

Date

Daytime Phone #

05/30/00
(863) 679-7610

CP2E034 (9/99)