

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90086 041 \*\*\*150.00

**DOCUMENT # P99000085155**

1. Entity Name  
**POINT ELEVEN INC.**



Principal Place of Business  
**629 US HWY. 27 S.  
STE 100  
LAKE WALES FL 33853**

Mailing Address  
**629 US HWY. 27 S.  
STE 100  
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**PATEL, VINOD  
629 US HWY. 27 S.  
LAKE WALES FL 33853**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, VINOD 629 US HWY. 27 S. LAKE WALES FL 33853</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PATEL, JAGRUTI 629 US HWY. 27 S. LAKE WALES FL 33853</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PATEL, HARIKRISHNA 629 US HWY. 27 S. LAKE WALES FL 33853</b>	<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

## 11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/05/03 (863) 679-7645**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

86054262  
#799000085155

POST OFFICE BOX 1458  
BARTOW, FLORIDA 33831  
863/534-6592  
FAX # 863/534-6060



**POLK COUNTY**  
BOARD OF COUNTY  
COMMISSIONERS

EMERGENCY  
MANAGEMENT  
911 OPERATIONS

**ADDRESS NUMBER REASSIGNMENT NOTIFICATION FORM**

**PROPERTY OWNER INFORMATION**

**NAME:** Point Eleven Corporation  
**MAILING ADDRESS:** 629 Hwy 27 S.  
**CITY:** Lake Wales **STATE:** FL **ZIP:** 33853  
**PARCEL IDENTIFICATION NUMBER:** 273010000000011050

**DEAR PROPERTY OWNER:**

**YOUR CURRENT ADDRESS**

629 US Hwy 27 Lake Wales, FL 33853

**HAS BEEN CHANGED TO:**

18931 Hwy 27 (no directional) Lake Wales, FL 33853

**Effective Date: September 15, 2001**

**CHANGE OF ADDRESS NOTIFICATION**

YOUR ADDRESS HAS BEEN CHANGED TO ENHANCE 911 EMERGENCY RESPONSE. THE POLK COUNTY 911 OFFICE REGRETS ANY INCONVENIENCE THIS MAY CAUSE YOU. HOWEVER, IT HAS BEEN DEEMED NECESSARY AND IN THE BEST INTEREST OF THE HEALTH, SAFETY AND WELFARE OF YOU AND YOUR NEIGHBORS.

POLK COUNTY ORDINANCE 00-27 AUTHORIZES THIS CHANGE. IT IS NECESSARY FOR YOU TO AFFIX YOUR NEW NUMBER TO YOUR BUILDING OR TO A SEPARATE STRUCTURE SUCH AS A POST, WALL OR FENCE, PROVIDED THAT SUCH SEPARATE STRUCTURE IS LOCATED IN FRONT OF THE BUILDING AND ON THE BUILDING'S SIDE OF THE STREET. THE BUILDING NUMBER SHOULD BE AT LEAST THREE (3) INCHES IN HEIGHT AND CLEARLY VISIBLE FROM THE STREET BY WHICH THE BUILDING IS ACCESSED.