

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000102399**

1. Entity Name

**ON POINT, INC.***R*

Principal Place of Business

**626 LAKEVIEW ROAD STE B  
CLEARWATER FL 33756**

Mailing Address

**626 LAKEVIEW ROAD STE B  
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3609894**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EMORY, LORRAINE  
701 POINSETTA ROAD STE B  
BELLEAIR FL 33756**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

|                                                |                                                                                       |                                 |
|------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>President<br/>Lorraine Emory<br/>701 Poinsettia Road, #B<br/>Belleair FL 33756</i> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*LORRAINE EMORY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*7/5/00*  
Date*727-466-0006*  
Daytime Phone #**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90008 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

991000 102399  
309230

**ON POINT, INC.**  
"Graphic Services"  
Post Office Box 260522  
Tampa, Florida 33685-0522

July 5, 2000

Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: 2000 Uniform Business Report for On Point, Inc.

Dear Madam or Sir:

On July 5, 2000, I received a second notice for filing the 2000 Uniform Business Report. **I had never received any previous notification for the filing of this report.**

I contacted your main office and was instructed to call your reinstatement department at 850-487-6059. I spoke with a gentleman named Tyrone and explained that this corporation was formed this year and that I had never received any prior notification or else I would have paid this fee immediately.

As a result of my telephone conversation with Tyrone and as per his instructions, I am requesting that the late fees be waived due to the fact that I had never received prior notification for the filing of this report. I am enclosing a check in the amount of \$150.00. Thank you for your prompt attention to this matter.

Sincerely,

  
Lorraine Emory