7, 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000102399 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name ON POINT, INC. 07-18-2000 90008 041 ***150.00 Mailing Address Principal Place of Business 626 LAKEVIEW ROAD STE B 626 LAKEVIEW ROAD STE B CLEARWATER FL 33756 **CLEARWATER FL 33756** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 3609894 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent. -G. -Name and Address of Current Registered Agent Name EMORY, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 701 POINSETTA ROAD STE B BELLEAIR FL 33756 City 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 reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Dapartment of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change President Delete TITLE TITLE Lorraine Emory NAME NAME 701 Poinsettia Road, #B STREET ADDRESS STREET ADDRESS Belleair FL 33756 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Oelete ☐ Addition TITLE TILE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Сhапре ☐ Addition Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME MAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Сћалое ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

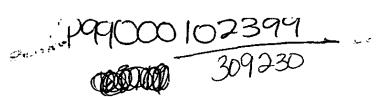
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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

SULTIMES OF PRINTED NAME OF BROWING OF FICER OR DIRECTOR

7/5/00

727-466-0005



ON POINT, INC.

"Graphic Services" Post Office Box 260522 Tampa, Florida 33685-0522

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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. <u>I had never received any previous notification for the filing of this report.</u>

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 you prompt attention to this matter.

Sincerely,