

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90175 024 ***150.00

DOCUMENT # **P99000111476**

1. Entity Name

POINT OF ROCKS MANAGEMENT, INC.

Principal Place of Business

**7340 POINT OF ROCKS ROAD
SARASOTA FL 34242**

Mailing Address

**7340 POINT OF ROCKS ROAD
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

7635 Alister Mackenzie

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

4. FEI Number

65-0970862

Applied For

Not Applicable

Zip

Country

Zip

34240

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSEY-FREY, KIM

**7340 POINT OF ROCKS ROAD
SARASOTA FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)

7635 Alister Mackenzie Dr

City

SARASOTA

FL

Zip Code

34240

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)

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, 2002 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 ☐ Delete
NAME **DST**
STREET ADDRESS **WINSEY-FREY, KIM**
CITY-ST-ZIP **7340 POINT OF ROCKS ROAD
SARASOTA FL 34242**

TITLE ☒ Change ☐ Addition
NAME **PCD**
STREET ADDRESS **WINSEY-FREY, KIM**
CITY-ST-ZIP **7635 Alister Mackenzie
SARASOTA FL 34240**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MARTIN, FREY MD**
CITY-ST-ZIP **7340 POINT OF ROCKS ROAD
SARASOTA FL 34242**

TITLE ☒ Change ☐ Addition
NAME **STD**
STREET ADDRESS **MARTIN FREY**
CITY-ST-ZIP **7635 Alister Mackenzie
SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

941-350-1112

Date

Daytime Phone #

CR2E034 (9/01)