

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90019 014 \*\*\*150.00

**DOCUMENT # S46794**

1. Entity Name  
**P.O.S. CONSULTANTS, INCORPORATED**

Principal Place of Business      Mailing Address

**564 LITTLEBURY LN**      **564 LITTLEBURY LN**  
**CENTERVILLE OH 45458**      **CENTERVILLE OH 45458**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

**7967 Woodbridge Ct.**      **7967 Woodbridge Ct.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Springboro OH**      **Springboro OH**

Zip      Country      Zip      Country

**45066**      **USA**      **45066**      **USA**

4. FEI Number      **59-3069042**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BISHOP, RANDY**  
**209 TRAPPER TRACE CT**  
**JACKSONVILLE FL 32259**

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 \_\_\_\_\_ (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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST FLYNN, JAMIE</b> <i>Change</i> <b>564 LITTLEBURY LN</b> <i>7967 Woodbridge Ct.</i> <b>CENTERVILLE OH</b> <i>Springboro, OH 45066</i>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. 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

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:** *Jamie L. Flynn*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **L. Flynn Pres.**      Date: **7/10/00**      Daytime Phone #: **(513) 7489191**

CR 6014 (5/00)

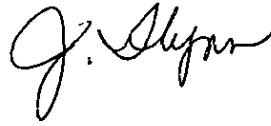
ATTACHMENT

546794

A0068366

TO: DIVISION OF CORPORATIONS

FROM: JAMIE FLYNN, P.O.S. CONSULTANTS, INC.



SUBJECT: ANNUAL REPORT

I am resubmitting the annual report with a check of \$150.00. I did not receive the May 15<sup>th</sup> correspondence concerning this account. I spoke with Kristin on July 11, 2000 and she suggested that I resend the information.

Please contact me at 513-748-9191 if there are any questions.

Thank you.