## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P92000010251 **DOCUMENT #**

1. Entity Name

TIGHTLINES PUBLICATIONS, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90156 001 \*\*\*150.00

Principal Place of Business 2795 S.W. 11TH PL DEERFIELD BEACH FL 33442			Mailing Address 2795 S.W. 11TH PL DEERFIELD BEACH FL 33442							
. Principal Pl	lace of Busine	5S	3. Mailing Ac	ddress						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e		City & Stat	te		4.	FEI Number <b>65-0372847</b>			pplied For ot Applicable
Zip		Country	Zip		Country	5.	Certificate of Status Desired		<b>8.75</b> Adi e Require	
	6. Name a	nd Address of Current	Registered Age	∍nt		7.	Name and Address of New Re	gistered Age	ent	
MONTELLA	A, VINCE				Name	(B.O.	Day Number in Net Accordable)			
2795 S.W.	11TH PL				Street A	laaress (P.O.	Box Number is Not Acceptable)			
	D BEACH FL	. 33442								
					City			FL	Zip Coc	de
	named entity		r the purpose of	changing its rec	I gistered office or	r registered a	gent, or both, in the State of Flor		niliar with,	and accept
are obligati	ions or register	ou agent.								
GNATURE _	Cinnel to and to	printed name of registered agent a	and title if applicable	MOTE, D.	egistered Agent signat	tura required when	(circulation)	DATE		
·	Signature, typed or	printed name or registered agent a	апа впе в аррпсаріе.	(NOTE: Ne	igisteren Agent signat	.ure required when	Temstating)	DAIL		
FI After	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	/ State				Election Campaign Fina     Trust Fund Contribution.	• —		00 May Be d to Fees
<del>}</del> 0.	<u></u>	OFFICERS AND			11.	Α	 .DDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11
	PD			☐ Delete	TITLE	T	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
AME	MONTELLA,	VINCE			NAME					
TREET ADDRESS	2795 S.W.	ITH PL			STREET ADDRESS					
ITY-ST-ZIP	DEERFIELD	BEACH FL 33442			CITY-ST-ZIP					
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			Ď.	SL Derete	HILE	1 V L			Change	<b>⊠</b> *Addition
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TREET ADDRESS	2795 S.W.			<b>a.</b> Delete	NAME	MONT 2795 Deer	ELLA GAIL S.W. 11 PL. Field Bch. Fl.	33442		Addition
TREET ADDRESS ITY-ST-ZIP	2795 S.W.	11TH PL		Delete	NAME STREET ADDRESS	MONT 2795 Deep	S.W. II PL. Field Bch. Fl.	33442		Addition
TREET ADDRESS ITY-ST-ZIP ITLE AME	2795 S.W. DEERFIELD STD MONTELLA,	11TH PL BEACH FL 33442 GAIL			NAME STREET ADDRESS CITY-ST-ZIP	MONT 2795 Deer	S.W. N. PL. Field Bch. Fl.	33442	<b>.</b>	
TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS	2795 S.W. DEERFIELD STD MONTELLA, 2795 S.W.	ITH PL BEACH FL 33442 GAIL ITH PL			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MONT 2795 Deep	S.W. II PL. Field Bch. Fl.	33442	<b>.</b>	
TREET ADDRESS  ITY-ST-ZIP  ITLE  AME  TREET ADDRESS	2795 S.W. DEERFIELD STD MONTELLA, 2795 S.W.	11TH PL BEACH FL 33442 GAIL			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MONT 2795 Deep	ELLA GAIL S.W. II PL. Field Bch. Fl.	33442	<b>.</b>	
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indicated on this report or supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. Former certify that the information indicated on this report or suppliemental 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: