

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 346469

1. Entity Name
LINE-TRUE PHOTOS, INC.

Principal Place of Business
1801 18TH WAY
WEST PALM BEACH FL 33407

Mailing Address
1801 18TH WAY
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1303914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMLINSON, SHEA J.
1801 - 18TH WAY
W PALM BEACH FL 33407

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 \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, LORNE J.	
STREET ADDRESS	1801 18TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOMLINSON, SHEA J.	
STREET ADDRESS	1801 18TH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	TOMLINSON, DONNA	
STREET ADDRESS	1801 - 18TH WAY	
CITY-ST-ZIP	W. P. BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Donna Tomlinson S/T DONNA TOMLINSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-15-01 Daytime Phone # 561-683-7143

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90066 016 ***150.00

817536



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)