

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 445476

1. Entity Name

THE SUBLIME, INC.

Principal Place of Business

4412 WEST TRADEWINDS AVE.  
LAUDERDALE BY THE SEA FL 33308

Mailing Address

4412 WEST TRADEWINDS AVE.  
LAUDERDALE BY THE SEA FL 33308

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 59-1516997

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

BONNER (JAMES E.)  
4412 W TRADEWINDS AVENUE  
LAUDERDALE BY THE SEA FL 33308-1413

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	SDP BONNER, JAMES E. 4412 W.TRADEWINDS AVE. LAUD-BY-THE-SEA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNER, JAMES E. 4412 W.TRADEWINDS AVE. LAUD-BY-THE-SEA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

*James E. Bonner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Bonner

4-16-01

Date

954-772-0990

Daytime Phone #

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90154 020 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)