

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002109

1. Entity Name

REMINDLINE.COM, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business
12850 Huntley Manor Drive
Jacksonville, Florida 32224

2. Principal Place of Business

12850 Huntley Manor Drive
Suite, Apt. #, etc.

3. Mailing Address

12850 Huntley Manor Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL
Zip
32224
Country
USA

City & State
Jacksonville, FL
Zip
32224
Country
USA

4. FEI Number
59-4307366

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Robert Fankhauser, III
12850 Huntley Manor Drive
Jacksonville, Florida 32224

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$10,000,000

10. Amount of Capital Contributions in FLORIDA to date. \$148,667.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000097732
NAME Remindline.com, Inc.
STREET ADDRESS 12850 Huntley Manor Drive
CITY-ST-ZIP Jacksonville, Florida 32224

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
300003274809--B
-06/02/00--01055--012
****526.25 ****526.25

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)