

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60285

1. Entity Name

PIPELINE MARKETING, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90047 011 ***558.75

Principal Place of Business

Mailing Address

P.O. BOX 8
DOCTORS INLET FL 32030

P.O. BOX 8
DOCTORS INLET FL 32030-0008

2. Principal Place of Business

3. Mailing Address

42 SLEEPY HOLLOW ROAD

P.O. BOX 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL.

City & State

DOCTORS INLET, FL.

4. FEI Number

59-3221498

Applied For

Not Applicable

Zip
32068

Country
USA

Zip
32030

Country
USA

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

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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, 2000 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
DP
EYRICK, PETER
P.O. BOX 8 N/A
DOCTORS INLET FL 32030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EYRICK, PETER
42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL. 32068 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ASHBY JR., GEORGE
P.O. BOX 8 N/A
DOCTORS INLET FL 32030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ASHBY, GEORGE H. JR.
42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL. 32068 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONTACT: CLARK COOLAN

5-15-00 904-272-9548

Date

Daytime Phone #

CR2E034 (9/99)