

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K60285**1. Entity Name  
PIPELINE MARKETING, INC.Principal Place of Business  
42 SLEEPY HOLLOW ROAD  
  
MIDDLEBURG FL 32068  
Mailing Address  
P.O. BOX 8  
  
DOCTORS INLET FL 320302. Principal Place of Business  
2905 CORINTHIAN AVE.3. Mailing Address  
2905 CORINTHIAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
P O BOX 10, ORTEGA STATION

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE FLCity & State  
JACKSONVILLE FL4. FEI Number  
59-3221498Applied For  
Not ApplicableZip  
32210  
Country  
USZip  
32210  
Country  
US5. 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  
US

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)

04/26/2001

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 VSTD ASHBY JR. GEORGE ☐ Delete  
STREET ADDRESS P.O. BOX 8 N/A  
CITY-ST-ZIP DOCTORS INLET FL 32030TITLE  
NAME VST ASHBY JR. GEORGE H ☒ Change ☐ Addition  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE  
NAME DP EYRICK, PETER ☐ Delete  
STREET ADDRESS P.O. BOX 8 N/A  
CITY-ST-ZIP DOCTORS INLET FL 32030TITLE  
NAME DP EYRICK PETER T ☒ Change ☐ Addition  
STREET ADDRESS 2905 CORINTHIAN AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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NAME ☐ Delete  
STREET ADDRESS  
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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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: PETER T. EYRICK**

DP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)