

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K60289

1. Entity Name

PIPELINE CORPORATION

010

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90077 013 ***558.75

Principal Place of Business

Mailing Address

P.O. BOX 246
DOCTORS INLET FL 32030

P.O. BOX 246
DOCTORS INLET FL 32030-0246

2. Principal Place of Business

42 Sleepy Hollow Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box. 8

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Doctors Inlet, FL

4. FEI Number

59-1671240

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 ST.
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 ASHBY, GEORGE H., SR. 42 SLEEPY HOLLOW ROAD DOCTORS INLET FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHBY, GEORGE H., JR. 42 SLEEPY HOLLOW ROAD DOCTORS INLET FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST EYRICK, PETER T. 42 SLEEPY HOLLOW ROAD DOCTORS INLET FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ashby, George H., Sr. 42 Sleepy Hollow Road Middleburg, FL. 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ashby, George H., Jr. 42 Sleepy Hollow Road Middleburg, FL. 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LaMont, Charles A. 42 Sleepy Hollow Road Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Coogan, Clark 42 Sleepy Hollow Road Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Alfred, Alicia 42 Sleepy Hollow Road Middleburg, FL 32068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

CONTACT: CLARK COOGAN

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George H. Ashby, Jr.

2/1/00 (904)272-9548

Date

Daytime Phone #