

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # K60289**1. Entity Name
PIPELINE CORPORATION

Principal Place of Business

42 SLEEPY HOLLOW ROAD

MIDDLEBURG

FL

32068

Mailing Address

PO BOX 8

DOCTORS INLET

FL

32030

2. Principal Place of Business

42 SLEEPY HOLLOW ROAD

3. Mailing Address

42 SLEEPY HOLLOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIDDLEBURG

FL

City & State

MIDDLEBURG

FL

4. FEI Number

59-1671240

Applied For

Not Applicable

Zip

32068

Country

US

Zip

32068

Country

US

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY

225 WATER ST.

SUITE 1800

JACKSONVILLE

32202

US

FL

7. Name and Address of New Registered Agent

Name

BLACKBURN DENNIS L

Street Address (P.O. Box Number is Not Acceptable)

5150 BELFORT ROAD SOUTH

BUILDING 500

City

JACKSONVILLE

FL

Zip Code

32256

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 **DENNIS L. BLACKBURN****04/27/2001**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFRED ALICIA	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMRICK RICHARD G	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMONT CHARLES A	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, JR. GEORGE H	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, SR. GEORGE H	
STREET ADDRESS	42 SLEEPY HOLLOW ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **ALICIA ALFRED**

S

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)