CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L10918 1. Entity Name

BOTTOM LINE, INC. OF THE KEYS



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90081 049 ***150.00

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Principal PI	ace of Business	Mailing Address			-			
135 AVENUE D		135 AVENUE D	*			103		
MARATHON FL 33050 MARATHON FL 3305								
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2. Principal	Place of Business	3. Mailing Address						
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Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.						
City 9 Ct	oto				☐ CHECK HERE IF	- MAKING C	HANGE	S
City & State		City & State			4. FEI Number 65-0140852		\top	Applied For
Zip	Country	Zip	Country		03 0 140032			Not Applicabl
			Country		5. Certificate of Status Desired		8.75 A ee Requi	dditional
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Re			rea
DOD: I	44C0 1		Name			<u> </u>		
DORL, J			Street Addre		(P.O. Box Number is Not Acceptable)			
U/U FRIC	GOLA, DEVANE, WRIGHT DORL	. ET.AL.	Olicet		F.O. Box Number is Not Acceptable)			
	ERSEAS HWY. SUITE 17					7		
MAKAIH	MARATHON FL 33050						Zin Ca	
8. The above	e named entity cultmits this stateme		City			FL	Zip Co	
the obliga	e hamed entity submits this stateme atlons of registered agent.	int for the purpose of changing it	ts registered office	or register	ed agent, or both, in the State of Florid	da. I am farr	iliar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered a	acent and title if applicable (NO	TE B					
			TE: Registered Agent sign	ature required	when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 ir May 1, 2003 Fee will be \$550.	on -			9. Election Campaign Finan	saina	^ -	00
Make Chec	k Payable to Florida Departmer	nt of State			Trust Fund Contribution.	icing	Adde	00 May Be d to Fees
10.		IND DIRECTORS	11.	<u> </u>	ADDITIONS (QUANIQUE TO OFFICE			
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	MARATHON FL		CITY-ST-ZIP	<u> </u>				
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR