APR-30-03 10:39 PM BUDS.SUPERMARKET 8

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91435 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13422

1. Entity Name: MORLINE, INC.

2. Principal Place of Business: 2615 N 22nd ST
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33605 County: Hillsborough

3. Mailing Address: PO Box 17481
Suite, Apt. #, etc.
City & State: TAMPA FL
Zip: 33682 County: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2973354 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: GAINDIAH HARILAL
Street Address (P.O. Box Number is Not Acceptable): 15624 BEARCREEK DR
City: TAMPA FL 33624 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Boudian Harilal
Signature of Registered Agent (Required if applicable) (NOTE: Registered Agent Signature Required if Filing Online) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE P/S/T NAME GAINDIAH HARILAL STREET ADDRESS 15624 BEARCREEK DR CITY-ST-ZIP TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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Please see the spelling of my first name GAINDIAH

12. 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 contained in the 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 recipient of the report empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or an amendment with an address with an officer or like empowered.

SIGNATURE: X Boudian Harilal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT

APR-30-2003 10:03 AM ACT ASST 8137560550 P.01

CR2E034B (12/02)