2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
03-07-2001 90625 047 ***150.00

DOCUMENT # M88059

1. Entity Name
ACCURATE LINES, INC.

Principal Place of Business	Mailing Address
1289 ST. ANDREWS DR. DUNEDIN FL 34698	1289 ST. ANDREWS DR. DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
221 Driftwood Dr N	221 Driftwood Dr. N.
Suite, Apt. #, etc.: Palm Harbor	Suite, Apt. #, etc.: Palm Harbor
City & State: FL	City & State: FL
Zip: 34683 Country: USA	Zip: 34683 Country:

4. FEI Number 59-2899330 ☐ Applied For ☐ Not Applicable

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
BANKS, STEPHEN 1289 ST. ANDREWS DR DUNEDIN FL 34698	Name: Banks, Stephen Street Address (P.O. Box Number is Not Acceptable): 221 Driftwood Dr N Palm Harbor, City: FL Zip Code: 34683

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] 3/3/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, STEPHEN 1289 ST. ANDREWS DR. DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Banks, Stephen 221 Driftwood Dr N Palm Harbor, FL 34683	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 3/03/01 727 937 6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #