

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006178

1. Entity Name

BREAK THE LINE, INC.

Principal Place of Business

PO BOX 674
MAYO FL 32066

Mailing Address

PO BOX 674
MAYO FL 32066-0674

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3587147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGREW, PATRICIA A
MARTIN LUTHER KING BLVD.
MAYO FL 32066

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCGREW, PATRICIA A	
STREET ADDRESS	PO BOX 674	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VID	<input type="checkbox"/> Delete
NAME	MCGREW, TAYLOR	
STREET ADDRESS	PO BOX 674	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, LEENETTE W	
STREET ADDRESS	PO BOX 1388	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, MIKE	
STREET ADDRESS	PO BOX 1541	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ANN	
STREET ADDRESS	PO BOX 281	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARGARITE	
STREET ADDRESS	PO BOX 421	
CITY-ST-ZIP	MAYO FL 32066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARISCELLA DOWE	
STREET ADDRESS	P.O. Box 85	
CITY-ST-ZIP	MAYO, FL. 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90127 016 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)