

2001 UNIFORM BUSINESS REPORT (UBR)

02-21-2002 90106 020 ***750.00
P00000001169

DOCUMENT # P00000001169

1. Entity Name
THE ASSEMBLY LINE, INC.

Principal Place of Business Mailing Address
9925 TRIPLE CROWN CIRCLE 9925 TRIPLE CROWN CIRCLE
ORLANDO FL 32825 ORLANDO FL 32825

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 721084
Suite, Apt. #, etc.

City & State City & State
Orlando FL

Zip Country Zip Country
32872-1084 Orange

4. FEI Number 59-3626808 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HAMM, LESTER L
9925 TRIPLE CROWN CIRCLE
ORLANDO FL 32825

7. Name and Address of New Registered Agent
Name: Karol A. Hamm
Street Address (P.O. Box Number is Not Acceptable)
9925 Triple Crown Cir
City: Orlando FL 32825

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: Karol A. Hamm (Karol A. Hamm) 2/7/2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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: PD NAME: HAMM, LESTER L STREET ADDRESS: 9925 TRIPLE CROWN CIRCLE CITY-ST-ZIP: ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE: TD NAME: HAMM, KAROL STREET ADDRESS: 9925 TRIPLE CROWN CIRCLE CITY-ST-ZIP: ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Karol A. Hamm (Karol A. Hamm) 2/7/2002 407-275-3788
Signature and typed or printed name of signing officer or director Date Cayman Phone #

FILED
02 MAR 14 PM 1:27
SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

12/2001 (5/01)

REINSTATEMENT 02-178