

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052293

1. Entity Name
MYLELINER, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90006 046 ***150.00

Principal Place of Business
14511 LITTLE RANCH ROAD
SPRING HILL FL 34610

Mailing Address
14511 LITTLE RANCH ROAD
SPRING HILL FL 34610

2. Principal Place of Business
14507 Little Ranch Rd.

3. Mailing Address
P.O. Box 11292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Spring Hill, FL.

City & State
Spring Hill, FL.

4. FEI Number
593656316

Applied For
Not Applicable

Zip
34610

Country
Pasco

Zip
34610

Country
Pasco

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

6. Name and Address of Current Registered Agent

MCTEAGUE, JASON P
14511 LITTLE RANCH ROAD
SPRING HILL FL 34610

7. Name and Address of New Registered Agent

Name
Jason P. McTeague

Street Address (P.O. Box Number is Not Acceptable)

14507 Little Ranch Rd
City Spring Hill FL Zip Code 34610

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 *Jason McTeague*

2-19-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCTEAGUE, KEVIN P	
STREET ADDRESS	P O BOX 11292	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCTEAGUE, PATRICIA A	
STREET ADDRESS	P O BOX 11292	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia A. McTeague*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

Daytime Phone #

CR2E034 (10/00)