## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR

## P00000091713 DOCUMENT #

1. Entity Name FINE LINE COLLISION, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90088 049 \*\*\*150.00

		, 114O.							
Principal Place of Business 825 83RD DR			Mailing Address 825 83RD DR.						
VERO BEACH FL 32966		VERO BEACH FL 32966							
2. Principal	Place of Busin	ness	3. Mailing Address		·	7	F 18051001 114 00171 00111 00111 00111 00111 001		i (1 <b>000</b> i(i) 1 <b>00</b>
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKI	NG CHANGES	3
City & State			City & State			4. FEI	Number <b>65-1070043</b>		Applied For Not Applicable
Zip Country		Zip	Cour	Country		tificate of Status Desired	\$8.75 Ac	dditional	
<u></u>	6. Name	and Address of Curre	nt Registered Agent		<u> </u>	7 Nan	ne and Address of New Registere	Fee Requir	ed
,					Name	7. 11011	ie and Address of New Registere	u Agent	
VIESTA, JOHN					Stroot Addrood	(P.O. Box Number is Not Acceptable)			
825 83RD DR.					Street Address	s (F.O. Bux I	Number is Not Acceptable)		
VERO BE	ACH FL 329	66					···		
					City		F	Zip Co	de
8. The above	e named entity	y submits this statement	t for the purpose of changing its	s registere	Led office or regist	tered agent.	or both, in the State of Florida. I a		and accept
the obliga	ations of regist	ered agent.						Tallyman Title	, and doocpt
SIGNATURE	Son	a A III	esta such	_			and 6	2003	
STORE OF THE		or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinsta	ting) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department					-	9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.  Added to Fe			
10.			ID DIRECTORS	11.	4	ADDIT	IONG (OLIMNOTO TO OFFICERO A	ID DIOCOTOR	20.151.44
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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 607, 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition