2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000007025

1. Entity Name

FLORIDA LINES, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90099 014 ***150.00

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Suite, Apl. # etc. Suite.	18974 SE OLD TRAIL DRIVE EAST			18974 SE OLD TRAIL DRIVE EAST				1 1 1 1 1 1 1 1 1 1 1		(1)	KA ro k o khi i co k	
City & State Ci	2. Principal Place of Business			3. Mailing Address								
The Authors of Country Zp Zp Zp Zp Zp Zp Zp Z	Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent ZAPETIS, MICHAEL E JR 18974 SE OLD TRAIL DRIVE EAST JUPTIER FL 33478 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and society the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and society the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and society the obligations of registered agent. SYSNATURE FL	City & State			City & State			4. FEI	nor III/ 1490				
ZAPETIS, MICHAEL E JR 18974 SE OLD TRAIL DRIVE EAST JUPITER FL 33478 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. I am familiar with, and accept the obligations of registered agent of the obligations of registered agent. SIGNATURE City FL Zip Code	Zip							5. Certificate of Status Desired			ee Required	
APETIS, MICHAEL E JR 18974 SE OLD TRAIL DRIVE EAST JUPITER FL 33478 Crity FL Zip Could		6. Name and Address	of Current Register	ed Agent			7. Nar	ne and Address of New F	legistered A	gent		
Sifeet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)						Name						
8. The above named entity submits this statement for the purpose of changing its registered eight or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Title NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.	·					Street Address (P.O. Box Number is Not Acceptable)						
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature, typical or strictal issues of registered agent and steri it applicative. ### Signature, typical or strictal issues of registered agent and steri it applicative. ### Signature, typical or strictal issues of registered agent and steri it applicative. ### Signature, typical or strictal issues of registered agent and steri it applicative. ### Signature, typical or strictal issues of registered agent and steri it applicative. ### Signature, typical or strictal issues of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the state of Florida. ### Signature typical or state of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the state of Florida. I am familiar with, and accept the state of Florida. ### Signature typical or state of registered agent signature registed were recisted were re	JUPITER F	L 33478										
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After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	SIGNATURE -	Signature, typed or printed name of r	egistered agent and title if ap	plicable. (NOTE	: Registered	d Agent signature require	ed when reinst	ating)	DATE			
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2. 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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/3/03 561-748-424

Daytime Phone #