

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90339 047 ***550.00

DOCUMENT # P01000032107

1. Entity Name
FAULT LINE ENTERPRISES, INC.

Principal Place of Business
~~928 MAR WALT DR STE 201~~
FT WALTON BEACH FL 32547

Mailing Address
~~928 MAR WALT DR STE 201~~
FT WALTON BEACH FL 32547

26 NW RACETRACK RD
SUITE E

SAME

2. Principal Place of Business

26 NW Racetrack Rd
Suite E

3. Mailing Address

26 NW Racetrack Rd
Suite E

City & State
FT. WALTON BEACH, FL

City & State
FT. WALTON BEACH, FL

4. FEI Number

13-1270246

Applied For

Not Applicable

Zip
32547

Country
USA

Zip
32547

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JAMES P

~~928 MAR WALT DR STE 201~~
FT WALTON BEACH FL 32547

26 NW RACETRACK RD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JAMES P MARTIN, President

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 \$550.00
After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MARTIN, JAMES P**
STREET ADDRESS ~~928 MAR WALT DR STE 201~~ **26 NW RACETRACK RD**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME **SUITE E**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LA FORCE, REGINA**
STREET ADDRESS **12275 JACKSON LANE**
CITY-ST-ZIP **GRAND BAY AL 36541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

17 JUL 02

850 862-8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)