FOR PROFIT CÖRPÖRATION UNIFORM BUSINESS REPORT (UBR

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT# 1. Entity Name PO1000093478 Pro-Line CATY, INC.					04-10-20	02 90364 (022 ***	*150.00	
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business 1010 E Hawthorne Cir.	3. Mailing Address								
Suite, Apt. #, etc.	Suite. Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Hollywood FL	City & State			4.	FEI Number 65-113795	 :	}}	Applied For	
Zip Country 33021 USA	Zip	Coun	ıtry	5.	Certificate of Status Desired	_ .	8.75 A ee Requi	dditional	
33000	<u> </u>			7. 1	lame and Address of Curre		<u>.</u>		
DO NOT WRITE			Name Brian Dorry						
			Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE			1010	E 1	taw Thorne	Circle			
						FL	Zin Co	ode.	
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 313 Committee (appell or printed name of registered agonic and total 54-5,85cable (MOTE: Registered Agenic signature required when reavasions) BATE									
9. This correspond to diligible to carrieb us layonable January 1 - May 1 Fee is \$150.00									
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				F State	10. Election Campaign F Trust Fund Contribut			00 May Be ed to Fees	
11. OFFICERS AND									
HILL P. VP HILL RAME Brian Dorry			1					0	
STREET ADDRESS 1010 E HOWTKOING CITCING ST			ET ADORESS						
4-51-211 Hollywood, Fl 33021			-ST-ZIP						
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T mus									
NAME JOE MULLIKIN STEET ADDRESS 1710 FILL MORE ST # 6 - STREET			ET ADDRESS	2.1					
			-ST-ZIP	\$1. °	DO NOT	WRIT	ΓE	•	
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TILE		TITLE							
NAM: NAM						•			
			ET ADDRESS - ST- ZIP						
13. Thereby 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 on an attachment with an address, with all other like empowered.									