

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90387 001 ***600.00

0396683 AV

DOCUMENT # P01000094000

1. Entity Name
FINE LINE POLE SETTERS, INC.



Principal Place of Business
**210 LOCK ROAD
DEERFIELD BEACH FL 33442**

Mailing Address
**POST OFFICE BOX 1452
BOCA RATON FL 33429**

2. Principal Place of Business

3071 N DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1452
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

DAMPANO BEACH FL
Zip **33064** Country **USA**

City & State

Boca Raton FL
Zip **33429** Country **USA**

4. FEI Number **04-3664718**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUMMEL, JOSEPH
3841 NE 24TH AVENUE
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD HUMMEL, JOSEPH 3841 NE 24TH AVENUE LIGHTHOUSE POINT FL 33064 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE REQUIRED **PRESIDENT** **4/1/03** **561-585-0911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)