

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90220 006 ***150.00

0376961 AV

DOCUMENT # P02000010997

1. Entity Name
SALES ON LINE, INC.



Principal Place of Business
**509 SANDTREE DRIVE
PALM BEACH GARDENS FL 33403**

Mailing Address
**509 SANDTREE DRIVE
PALM BEACH GARDENS FL 33403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-2984520

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHAFFNER, BERNARDO M
509 SANDTREE DRIVE
PALM BEACH GARDENS FL 33403**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SCHAFFNER, BERNARDO M**
STREET ADDRESS **509 SANDTREE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

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

TITLE ☐ Delete
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STREET ADDRESS
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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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
80119795

May 14, 2003

Division of Corporation
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

Re: SALES ON LINE INC
P02000010997

To Whom It May Concern:

As acting director of Sales on Line Inc. I'm writing this letter to let authorized persons of the Florida Dept of State know that my corporation uniform business report was lose in the mail and I just received it. I understand that writing this letter personally stating my situation allows me to file my 2003 Uniform Business Report document # P02000010997 along with an enclosed check made out to the Department of State in the amount of \$150.00 fee.

Sorry for the inconvenience, Thank you very much for your time.

If there are any problems please call me at 561-502-1250

Sincerely,


Bernardo Schaffner