## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027938

1. Entity Name

Trendline Marketing I, Inc.



### FILED

03 AUG 14 AM 10: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### DO NOT WRITE IN THIS SPACE **600022481226** 08/21/03--01052--017 \*\*61.25 2. Principal Place of Business 905 E. Martin Luther King Jr. Drive 905 E. Martin Luther King Jr. Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 590 Suite 500 City & State City & State Applied For 41-2030297 Tarpon Springs, Florida Tarpon Spings, Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34689 **United States** 34689 **United States** Fee Required 7. Name and Address of Current Registered Agent Name Ronald C. White DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5348 First Avenue North City St. Petersburg 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. August 7th, 2003 SIGNATURE 9. Election Campaign Financing 1. Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE Edward P. Sullivan, III, PSTD NAME NAME 905 E. Martin Luther King Jr. Drive STREET ADDRESS STREET ADDRESS Tarpon Springs, Florida 34689 CITY-ST-ZIP CITY-ST-7IP DILE TITIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE THE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

•	10	N.	A	TI	ш	DI	▝.

CITY-ST-ZIF

Edward & Sullwan TA

8/7/03

Daytime Phone #

# FOR PROFIT CORPORATION Uniform Business Report (UBR) Instructions

## PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE REPORT. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

### Reminder:

- 1. Information must be typed or printed in ink and legible.
- 2. Signature in Block 12.
- 3. Submit with total amount due in the form of a separate check for each filling. (Payable in United States Funds through a United States Bank to Florida Department of State.) This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filling of a report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling for the status of your report.
- Block 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. DO NOT MAKE ANY MARKS IN BLOCK 6.
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box or mail service is not acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of record is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating** no this form.
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet, If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filling fee.
- Block 10. Enter the current Officers/Directors in Block 10, List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer, S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.

  NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- Block 11. PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail to:

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 Other Correspondence Address: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Internet Address: www.sunbiz.org

Courier Address: (overnight delivery) Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Phone: (850) 488-9000 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK