FILED

Apr 28, 2003 8:00 am Secretary of State

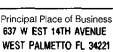
04-28-2003 91305 016 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000121106

DOCUMENT #

1. Entity Name TIDELINE PROPERTIES INC.



Principal Place of Business 637 W EST 14TH AVENUE WEST PALMETTO FL 34221 US 2. Principal Place of Business 637 14 Th AVE W Suite, Apt. #, etc.		Mailing Address 637 W EST 14TH AVENUE WEST PALMETTO FL 34221 US 3. Mailing Address 637 / YTh AVE W Suite, Apt. #, etc.		
Zíp 34221	Country MANATER	Zip 34221	MANATER.	
6. N	ame and Address of Curre	nt Registered Agent		
CODDODATION	EDVICE COMPANY		Name	
CORPORATION SERVICE COMPANY			Street Address	
1201 HAYS STRE	- :			
TALLAHASSEE FI	. 32301			
			City	

11024333

5. Certificate of Status Desired



☐ CHECK HERE IF MAKING CHANGES

	5. Certificate of Status	Desired		Fee Required	
	7. Name and Address	of New Re	gistered	Agent	-
dress (P.O. Box Number is Not A	(cceptable)			
				Zip Code	

8.	The above named entity submits this statement for the purpose of changing its registere	ed 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

\$8.75 Additional

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & C STOVALL, WAYNE . 637 14TH AVENUE WEST PALMETTO FL 34221] Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELL, RANDY 49TH STREET EAST PALMETTO FL 34221	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Detete -	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete	TITLE NAME STREET ADDRESS ! CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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.