

5/14

FILED

Jun 02, 2001 8:00 am
Secretary of State

05-14-2001 90006 001 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050523

1. Entity Name

TREELINE INTERNATIONAL, INC.

Principal Place of Business

1104 N COLLIER BLVD.
MARCO ISLAND FL 34145
US

Mailing Address

1104 N COLLIER BLVD.
MARCO ISLAND FL 33937

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2435

Suite, Apt. #, etc.

City & State

City & State

Marco Island FL

Zip

Country

Zip

Country

34146-2435 Collier

4. FEI Number

65-0506233

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARBAUGH, RUSSELL S JR
C/O BERRY & GREUSEL
1104 N COLLIER BLVD.
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Liebscher, Gary

Street Address (P.O. Box Number is Not Acceptable)

1391 Caxambas Ct.

City

Marco Island

FL

Zip Code

34145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

G. F. Liebscher, President 5/26/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARBAUGH, RUSSELL S JR	
STREET ADDRESS	1104 N COLLIER BLVD.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liebscher, Gary	
STREET ADDRESS	1391 Caxambas Ct	
CITY-ST-ZIP	Marco Island FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. F. Liebscher, Pres.

4/26/01 941-394-6201

Date

Daytime Phone #

CR2E034 (10/00)