

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053919

1. Entity Name
FLATLINE ENTERPRISES, INC.

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90003 023 ***150.00

Principal Place of Business
1415 BRETON LANE
PT ST LUCIE FL 34952
US

Mailing Address
1415 BRETON LANE
PT ST LUCIE FL 34952
US

112218



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0522629**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VANASSCHE, CHARLES
1415 BRETON LANE
PT ST LUCIE FL 34952

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW
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 NAME STREET ADDRESS CITY-ST-ZIP	PTS VANASSCHE, CHARLES R 1415 BRETON LANE PT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *Charles R. Van Assche*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. VAN ASSCHE

5/29/01

Date PRESIDENT Telephone #

CR2E034 (10/00)

Attachment

FLATLINE ENTERPRISES, INC.
1415 BRETON LANE NW
PORT ST. LUCIE FL 34952

Doc. # p94000053919
772278

May 29, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Gentlemen,

I have just picked up my annual tax returns from my accountant and through discussions with him found that my business the annual report that was due back in April 2001 was not paid. My accountant has been holding my papers since February and I had no idea this was not filed.

I enclose a check in the amount of \$ 150.00 and ask that you please waive the late fee given these circumstances.

Thanking you in advance,



Charles R. Van Assche President
Flatline Enterprises, Inc.