

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90419 006 ***150.00

0302861 AV

DOCUMENT # P95000014480

1. Entity Name
GRAPHLINE, INC.



Principal Place of Business
**5701 NW 94 AVE
TAMARAC FL 33321**

Mailing Address
**5701 NW 94 AVE
TAMARAC FL 33321**

2. Principal Place of Business
9409 West Commercial Blvd.

3. Mailing Address
9409 West Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number
65-0557940

Applied For
☐ Not Applicable

Zip
33351-4321

Country
USA

Zip
33351-4321

Country
USA

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

6. Name and Address of Current Registered Agent

**DOMIS, RAYMOND
5701 NW 94 AVE
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9409 West Commercial Blvd.

City
Tamarac

FL

Zip Code
33351

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

(NOTE: Registered Agent signature required when reinstating)

2/27/03
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOMIS, RAYMOND C 5701 NW 94TH AVE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OSTROFF, MICHAEL I 5701 NW 94TH AVENUE TAMARAC FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOP <input type="checkbox"/> Delete THEILE, RALPH 5701 NW 94TH AVENUE TAMARAC FL 33321
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9409 West Commercial Blvd. Tamarac, FL 33351-4321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9409 West Commercial Blvd. Tamarac, FL 33351-4321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9409 West Commercial Blvd. Tamarac, FL 33351-4321
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

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

2/27/03
Date

954-722-3000
Daytime Phone #

CF2E034 (10/02)