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

## P95000045316 DOCUMENT # 1. Entity Name

TRIMLINE FLEET GRAPHICS INTERNATIONAL, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90042 047 \*\*\*150.00

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Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Country   Zip   Country   SConficeace of Status Desired   Sea.75 Additional Pea Projected   Sea.75 Addition	2755 W. 81S	ST ST.	ss	2755 V	W. BIST ST.		<u> </u>		I (BB)(BB) HO ISIOI ENZI OSIII SON	<b> </b>	661 E1191 1916	)
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Sp. Conflicate of Status Desired  \$87.75 Additional  Fig. Reculted :-  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Sp. Conflicate of Status Desired  \$8.75 Address of New Registered Agent  To Name and Address of New Registered Agent  HULAN, RANDELL V  2995 SW 174 AVENUE  MIRAMAR FL 33028  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Descriptions of registered agent.  On the Code Acceptable of Fiorids.  Signature registered agent.  Signature registered agent.  Signature registered agent.  On the Code Acceptable of Fiorids.  Signature registered agent.  On the Code Acceptable of Fiorids.  Signature registered agent.  Signatur	2. Principal	Place of Busin	ness	3. Maili	ng Address			-				
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En Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  HULAN, RANDELL V 2995 SW 174 AVENUE MIRAMAR FL 33029  City  FL  Zip Code  6. The above named entry submits the statement for the purpose of changing its registered office or registered agent. or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with, and accept the obligations of registered agent. Or both. In the State of Florida. I am ternitar with and accept the obligations	City & State				City & State			1 551599932				
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HULAN, RANDELL V 2995 SW 174 AVENUE MIRAMAR FL 3029  City  FL  City  FL  Zip Code  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. I am familiar with, and accept the deligations of registered agent, and remaining or registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, and the 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 deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of the familiar agent a		6. Name	and Address of Current	Registered	f Agent			7.	Name and Address of New Reg	istered A	gent	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    File NOW!! FEE IS \$150.00	THE WHITE	112 00020					City		<u>.</u>	FI	Zip Cod	de
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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 page access is Picel 40 or Picel 40 o			· · · · · · · · · · · · · · · · · · ·									
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SIGNATURE:

**Jeouired** SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-554-640