

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082206

1. Entity Name
FRONT LINE READY, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90014 024 ***150.00

Principal Place of Business

4100 N POWERLINE RD
Z1
POMPANO BCH FL 33073
US

Mailing Address

4100 N POWERLINE RD
Z1
POMPANO BCH FL 33073
US

2. Principal Place of Business

341 SE 15 AVE
Suite, Apt. #, etc.

3. Mailing Address

341 SE 15 AVE
Suite, Apt. #, etc.

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip
33060

Country
USA

Zip
33060

Country
USA

4. FEI Number 65-0615275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STERN, JOHN A
708 NE 4 STREET
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name STERN, JOHN A
Street Address (P.O. Box Number is Not Acceptable)
341 SE 15 AVE
City Pompano Bch FL Zip Code 33060

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! 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 P ☐ Delete
NAME STERN, JOHN A.
STREET ADDRESS 341 SE 15 AVE ← 341 SE 15 AVE
CITY-ST-ZIP POMPAN0 BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and changed, or on an attachment with an address, with all other like empowered persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)