

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90770 025 \*\*\*150.00

0010632 AV

**DOCUMENT # P96000003769**

1. Entity Name  
**SIGHTLINE STUDIOS, INC.**



Principal Place of Business  
**18052 N US HWY 301  
STARKE FL 32091  
US**

Mailing Address  
**RT 5 BOX 7960  
STARKE FL 32091  
US**

2. Principal Place of Business  
**18052 US HWY 301 North**  
Suite, Apt. #, etc.

3. Mailing Address  
**18052 US HWY 301 North**  
Suite, Apt. #, etc.

City & State  
**Starke, FL**  
Zip  
**32091**  
Country  
**USA**

City & State  
**Starke, FL**  
Zip  
**32091**  
Country  
**USA**

4. FEI Number  
**59-3362338**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WORTHY, DAVID L ESQ  
C/O PETER A. ROBERTSON & ASSOCIATES, P.A.  
5216 S.W. 91ST DRIVE  
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name  
**Worthy, David L ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O The Robertson Group**  
**5216 SW 91 Drive**  
City  
**Gainesville** **FL** Zip Code  
**32608**

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**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**  
**MACDONALD, DENNIS**  
**1424 NW 12 RD**  
**GAINESVILLE FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**KUNZIE, ANDREW J.**  
**3378 DREW CT**  
**MIDDLEBURG FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**WEINBAUM, LEONARD**  
**6778 CRYSTAL LAKE ROAD**  
**STARKE FL 32091**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**GARRETT, JOEL H.**  
**4222 SW 94 DR**  
**GAINESVILLE FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**4630 N.W 30th Terrace**  
**Gainesville, FL 32605**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

**Dennis MacDonald**

**4/28/03**

**904-964-7005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)