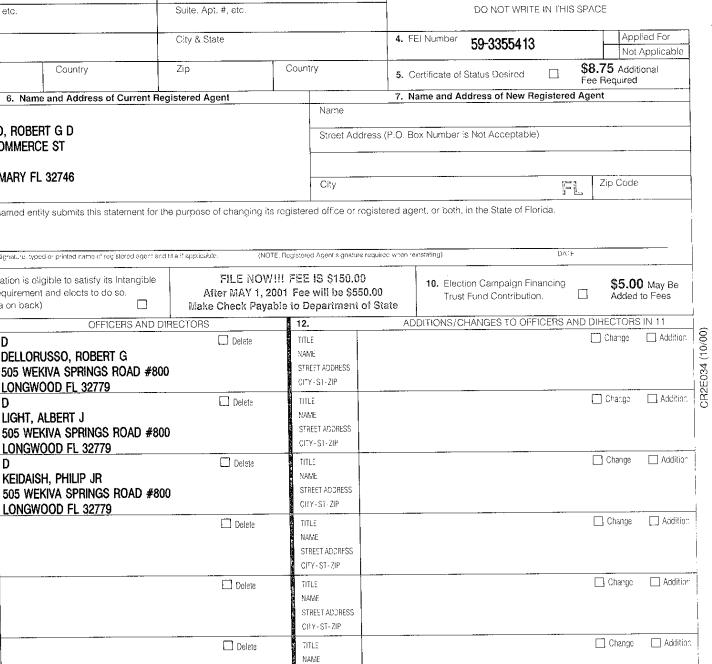
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006125

1. Entity Name PRO LINE RETRIEVERS, INC. 04-18-2001 90006 050 ***150.00 Mailing Address Principal Place of Business 505 WEKIVA SPRINGS ROAD #800 505 WEKIVA SPRINGS ROAD #800 LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address 2. Principai Place of Business DO NOT WRITE IN I'HIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. City & State 4. FEI Number City & State 59-3355413 Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSO, ROBERT G D Street Address (P.O. Box Number is Not Acceptable) 109 COMMERCE ST #1101 LAKE MARY FL 32746 Zip Code City FIL 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 (NOTE, Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE MLE NAME DELLORUSSO, ROBERT G NAME STREET ADDRESS STREET ADDRESS 505 WEKIVA SPRINGS ROAD #800 CITY-S1-ZIP CITY-ST-ZIP LONGWOOD FL 32779 [] Change ☐ Delete TITLE TITLE D LIGHT, ALBERT J NAME STREET ADDRESS 505 WEKIVA SPRINGS ROAD #800

Apr 18, 2001 8:00 am Secretary of State



13. I hereby certify that the information supplied with this filing does not treally 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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CITY-SY-7IE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

LONGWOOD FL 32779

KEIDAISH, PHILIP JR

LONGWOOD FL 32779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR