

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100182

1. Entity Name

SOURCELINE PRODUCTS, INC.

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90015 017 ***150.00

Principal Place of Business

Mailing Address

10619 W. ATLANTIC BLVD.
#127
CORAL SPRINGS FL 33071

10619 W. ATLANTIC BLVD.
#127
CORAL SPRINGS FL 33071

2. Principal Place of Business

2436 N. FEDERAL HWY. #261
Suite, Apt. #, etc.
#261

3. Mailing Address

2436 N. FEDERAL HWY.
Suite, Apt. #, etc.
#261

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-0713043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRIGEL, C
10619 W. ATLANTIC BLVD.
#127
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name SOURCELINE / ~~SALES~~ MARKETING
Street Address (P.O. Box Number is Not Allowed) 2436 N. FEDERAL HWY., #261
LIGHTHOUSE POINT, FL 33064
City 888-999-9801 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.

SIGNATURE C Krigel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-01

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	<input type="checkbox"/> Delete
NAME	CELIA KRIGEL	
STREET ADDRESS	10619 W ATLANTIC BLVD 127	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C Krigel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-01

CR2E034 (10/00)