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2000	UNIFORM BUS	INESS REPOR	RT (UBF			LED			
DOCUMENT # P97000069287 1. Entity Name SHORELINE-REPORTER INC.					Feb 09, 2000 8:00 am Secretary of State 02-09-2000 90213 006 ***150.00				
Principal Place 25 108TH AVE REASURE ISLA	N	Mailing Address 123 108TH AVE N TREASURE ISLAND FL 33706	4701						
JS 	lace of Business 108 TAVE	U\$ 3. Mailing Address 7	JS 3. Mailing Address 123 108 TH AUE		DO NOT WRITE IN THIS SPACE				
City & State TREASE Zip 33706	OUNTE TSUANO FL Country	City & State TREASURE ISL Zip 3.3.706-4701=	AND FL Country	59	El Number 3461650 Certificate of Status Desired	11 7	1 1 1		
8034 ST P	ATIS, WENDY 33 AVE N. ETE FL 33710 named entity submits this statement for	or the purpose of changing its re	Street A	55 CAF TASUNE :	STRATIS DX Number is Not Acceptable PRI_CIRCLE TSLAND ent, or both, in the State of Fi	FL.	Zip Code 3376	06	
SIGNATURE .	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible		Registered Agent signature FEE IS \$150.0	1	instating) 10. Election Campaign Fi	DATE	<i>00</i> \$5.0	0 May E	
-	equirement and elects to do so. OFFICERS AND	After MAY 1, 2000 Make Check Payable		t of State	Trust Fund Contribution	on. 🗆 🗖	Áddec	d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENDY, STRATIS 8034 33RD AVE. N. ST. PETERSBURG FL 33710	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 6	15, WENDY CAPAL CLACLE UNE ISLAND P	6	Change	□	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	: 			Change	۰۰۰ 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Change		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	□	

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

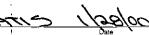
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