

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000107366

FILED
May 17, 2000 8:00 am
Secretary of State

03-03-2000 90031 050 ***150.00

1. Entity Name
ULTRA FINE LINE, INC.

Principal Place of Business
500 S. GREEN DOLPHIN
CAPE HAZE FL 33946
US
Mailing Address
500 S. GREEN DOLPHIN
CAPE HAZE FL 33946-2231
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address
Handwritten: Corp Is Not Active Has No Business Address

4. FEI Number
65-0918156 APPLIED FOR
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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, 2000 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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP.

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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: [Signature] 2/12/00 941 698 1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)