

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 037 ***150.00

DOCUMENT # P98000047999					
1. Entity Name TEAM BORDERLINE, INC.					
Principal Place of Business 3603 W. WATERS AVE. TAMPA, FL 33614			Mailing Address 11469 BENSHOFF AVE. BROOKSVILLE, FL 34601		
2. Principal Place of Business 11469 BENSHOFF AVE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State BROOKSVILLE, FL			City & State		
Zip 34601		Country		4. FEI Number 65-0837917	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLTON, MICHAEL E 11469 BENSHOFF AVE. BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTON, MICHAEL E 11469 BENSHOFF AVE BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael Holton</i> MICHAEL HOLTON 1/14/05 813/478-6646					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40004413



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0837917

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

FL

DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HOLTON, MICHAEL E
11469 BENSHOFF AVE
BROOKSVILLE, FL 34601

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JEFFREY WINTERS
3945 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652

Change ☐ Addition ☒

TITLE
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CITY-ST-ZIP

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