2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055902

1. Entity Name

K-Line CREATIONS, INC. W01-13577

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 25 PM 1:06

REINSTATEMENT 99-01
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
1193 SHIPWATCH CIR	1193 SHIPWATCH CIR
Suite, Apt. #, etc.: HOUSE	Suite, Apt. #, etc.: HOUSE
City & State: TAMPA, FL	City & State: TAMPA, FL.
Zip: 33602 Country: U.S.A.	Zip: 33602 Country: USA

4. FEI Number: 59-372 1172 [Applied For] [Not Applicable]

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
PICHOWSKI, KATHLEEN F. 1193 SHIPWATCH CIRCLE TAMPA, FLORIDA 33602	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: KATHLEEN F PICHOWSKI 04-27-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PICHOWSKI, KATHLEEN F. 1193 SHIPWATCH CIRCLE TAMPA, FLORIDA 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PICHOWSKI, MARK D. 1000 Harbour Is. Blvd. Tampa, Florida 33602 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004458300---3 -07/03/01--01070--011
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	***1058.75 ☐ Change ☐ Addition ***1058.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $7 6/29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: KATHLEEN F PICHOWSKI 04-27-01 (813) 225-1019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KATHLEEN F. PICHOWSKI