

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91297 022 \*\*\*150.00

**DOCUMENT # P98000080989**

1. Entity Name

**THIN-LINE ENTERTAINMENT, INC.**

Principal Place of Business

**7621 HORSE POND RD  
 ODESSA FL 33556**

Mailing Address

**P.O. BOX 4770  
 TAMPA FL 33677**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 1362**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

Zip

Country

**33677**

Country

**U.S.**

4. FEI Number **59-3529232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, TIMOTHY  
 2501 N. A STREET  
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

**Robert W. Cooper JR**

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

**2133 W. PALMETTO ST.**

City

**Tampa FL**

FL

Zip Code

**33607**

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

**Timothy Thomas**

**Robert W. Cooper JR**

**Robert W. Cooper JR Vice President 5/1/01**

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, 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	THOMAS, TIM	
STREET ADDRESS	2701 N HABANA AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	COOPER, ROBERT	
STREET ADDRESS	2133 W PALMETTO ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COOPER, CARLTON	
STREET ADDRESS	2213 W GRADY AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
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	
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 19.07(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:

**Robert W. Cooper JR**

Date

Daytime Phone #

**5/1/01 (813) 453-4830**

CR2E034 (10/00)