2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100921 May 24, 2000 8:00 am Secretary of State TRENDLINE MARKETING, INC. 05-24-2000 90001 024 ***150.00 Mailing Address Principal Place of Business 25400 US HWY 19 NORTH.STE.193 25400 US HWY 19 NORTH.STE.193 CLEARWATER FL 33763 CLEARWATER FL 34689-4848 2. Principal Place of Business M.L. King Ir. Or DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3546465 Not Applicable 5. Certificate of Status Desired - 🛫 🔲 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LYONS, GARY W ESQ. Street Address (P.O. Box Number is Not Acceptable) 311 S. MISSOURI AVE. **CLEARWATER FL 33756** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ■ Addition TITLE TITLE ☐ Delete **DELMONICO, ERNEST** NAME NAME 25400 US HWY 19 NORTH, STE. 193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Change Addition ☐ Delete TITLE TITLE SULLIVAN, EDWARD P III NAME NAME 25400 US HWY 19 NORTH, STE. 193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CLEARWATER FL 33763----CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE SULLIVAN, EDWARD P III NAME NAME 25400 US HWY 19 NORTH, STE. 193 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Enest J. Del Monico 4-26-00 727-934-1722

changed, or on an attachment with an address, with all other like empower

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