

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90061 035 ***150.00

DOCUMENT # P98000100921

1. Entity Name
TRENDLINE MARKETING, INC.

Principal Place of Business 9050 EAST MARTIN LUTHER KING JR DRIVE TARPO SPRINGS FL 34689	Mailing Address 9050 EAST MARTIN LUTHER KING JR DRIVE TARPO SPRINGS FL 34689
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2. Principal Place of Business 905 EAST M.L. KING JR. DR. Suite, Apt. #, etc. Suite 500 City & State TARPO SPRINGS Zip 34689	3. Mailing Address 905 EAST M.L. KING JR. DR. Suite, Apt. #, etc. Suite 500 City & State TARPO SPRINGS Zip 34689
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546465	Applied For <input type="checkbox"/> Not Applicable
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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

LYONS, GARY W ESQ
311 S. MISSOURI AVE.
CLEARWATER FL 33756

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELMONICO, ERNEST		NAME		
STREET ADDRESS	25400 US HWY 19 NORTH, STE. 193		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, EDWARD P III		NAME		
STREET ADDRESS	25400 US HWY 19 NORTH, STE. 193		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, EDWARD P III		NAME		
STREET ADDRESS	25400 US HWY 19 NORTH, STE. 193		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Ernest J DelMonico Ernest J DelMonico 4/25/01 727-934-1722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)