2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91305 002 ***150.00

DOCUMENT # P99000073021

1. Entity Name
LINE ITEM MAINTENANCE SERVICE, INC.

Principal Place of Business	Mailing Address
~~1291 A SOUTH POWERLINE ROAD #PMB 225~~ ~~POMPANO BEACH FL 33069~~	~~1291 A SOUTH POWERLINE ROAD #PMB 225~~ ~~POMPANO BEACH FL 33069~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3800 S. OCEAN Dr.	3800 S. OCEAN DR.
Suite, Apt #, etc. #219	Suite, Apt #, etc. #219
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33019 Country Broward	Zip 33019 Country Broward

4. FEI Number 65-0941349 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHERRY, DANIEL
~~1291 A SOUTH POWERLINE ROAD #PMB 225~~
~~POMPANO BEACH FL 33069~~

7. Name and Address of New Registered Agent

Name SHERRY, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
3800 S. OCEAN DR. #219
City Hollywood Bch FL Zip Code 33019

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 [signature] DATE 2-1-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY, DANIEL ~~1291 A SOUTH POWERLINE ROAD #PMB 225~~ ~~POMPANO BEACH FL 33069~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHERRY, DANIEL 3800 S. OCEAN DR., #219 Hollywood Bch, FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED [signature] 2-1-02 954-868-0509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #