

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-16-2001 90375 011 ***150.00

DOCUMENT # P99000084525

1. Entity Name

LINESHARK COMMUNICATIONS, INC. OF CENTRAL FLORID

Principal Place of Business

**103 SARASOTA QUAY
 SARASOTA FL 34236**

Mailing Address

**103 SARASOTA QUAY
 SARASOTA FL 34236**

2. Principal Place of Business

1800 Second Street #854

3. Mailing Address

Same



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Same

4. FEI Number

APPLIED FOR

Applied For

65-0936726

Not Applicable

Zip

34236

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, GARY L
 103 SARASOTA QUAY
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1800 Second Street #854
 City **Sarasota** **FL** Zip Code **34236**

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] (NOTE: Registered Agent signature required when reinstating)

4/30/01
 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	President	<input type="checkbox"/> Delete
NAME	BROWN, GARY L	
STREET ADDRESS	103 SARASOTA QUAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEGLER, CKARKE J	
STREET ADDRESS	103 SARASOTA QUAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, KENNETH L	
STREET ADDRESS	103 SARASOTA QUAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	Francis, Robert	<input type="checkbox"/> Delete
NAME	1800 Second Street #854	
STREET ADDRESS	Sarasota FL 34236	
CITY-ST-ZIP	Director	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	USA R. Bezzi	
STREET ADDRESS	1800 Second Street #854	
CITY-ST-ZIP	Sarasota FL 34236	
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	Change address	
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 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] SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)