

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104506

1. Entity Name

PIPELINE TECHNOLOGIES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90020 035 ***150.00

Principal Place of Business

Mailing Address

8129 W. JOSE CIR.
JACKSONVILLE FL 32217

8129 W. JOSE CIR.
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

1001 KINGS AVENUE

1001 KINGS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32207

USA

32207

USA

4. FEI Number

Applied For

59-3611378

Not Applicable

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

MURTAUGH, TIMOTHY J
8129 W. JOSE CIR.
JACKSONVILLE FL 32217

Name

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

City

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

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, 2000 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
NAME MURTAUGH, TIMOTHY J
STREET ADDRESS 8129 W. JOSE CIR.
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSTD
NAME MAIGE, ROBERT L JR
STREET ADDRESS 847 OLD GROVE MANOR
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Maige, Vice President, ROBERT L. MAIGE, VP 4/28/00 904/346-0170

CR2E034 (9/99)