

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90417 044 ***150.00

0436919 AV

DOCUMENT # S05246

1. Entity Name
PRO LINE GOLF, INC.

Principal Place of Business
6220 4ST STREET NORTH
ST PETERSBURG FL 33702
US

Mailing Address
1909 BRENDELOW TR
TAMPA FL 33629

2. Principal Place of Business
9051 TAMIAHI TR NORTH
 Suite, Apt. #, etc.
SUITE 99

3. Mailing Address

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

Zip
34107

Country
USA

Zip

Country

4. FEI Number
59-3032665

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JONES, JEFFREY M
1909 BRENDELOW TR
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name
JEFFREY M JONES
 Street Address (P.O. Box Number is Not Acceptable)
1909 BRENDELOW TR
 City
TAMPA **FL** Zip Code
33629

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, 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

TITLE
PDS ☐ Delete
 NAME
JONES, JEFFREY, M
 STREET ADDRESS
1909 BRENDELOW TR
 CITY-ST-ZIP
TAMPA FL 33629

TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1909 BRENDELOW TR

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

TITLE
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☐ Change ☐ 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:

JEFFREY M. JONES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2002 **941-254-9899**
 Date Daytime Phone #

CR2E034 (9/01)