FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90946 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05246

1. Entity Name
PRO LINE GOLF, INC.

800080733

Principal Place of Business	Mailing Address
9051 TAMIAMI TR NORTH SUITE 99 NAPLES, FL 34107 US	1909 BRENDLOW TR TAMPA, FL 33629

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9051 TAMIAMI TR N	P.O. BOX 770010
Suite, Apt. #, etc. SUITE 99	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State NAPLES FL
Zip 34108 Country USA	Zip 34107 Country USA

4. FEI Number 59-3032665 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JEFFREY M
1909 BENDELOW 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) 9029 WHIMBREL WATCH LN #101
City NAPLES FL Zip Code 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] JEFFREY M JONES, PRESIDENT 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JONES, JEFFREY, M 1909 BENDELOW TR TAMPA, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS JEFFREY M JONES P.O. BOX 770010 NAPLES, FL 34107	☑ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JEFFREY M. JONES, PRES 4/10/03 239-254-9899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #