

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L62150**

1. Entity Name
Jim Kline Inc
1250 Oceanview Ave
Marathon FL 33050



FILED

03 AUG 15 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1250 Oceanview Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 501035
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Marathon FL 33050
Zip
33050
Country
USA

4. FEI Number
65-0192250
Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Luis Carlos Garcia

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

949 15th Street

City
Marathon FL Zip Code
33050

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
8/01/03

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Luis C. Garcia
P.O. Box 501035 949 15th St.
MARATHON FL 33050

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000022454860
09/20/03--01082--004 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec Aida Trujillo
P.O. Box 501035 949 15th St.
MARATHON FL 33050

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-03

Date

305-743-7116

Daytime Phone #

CR2E034B (12/02)