

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90263 001 ***150.00

0531391 AV

DOCUMENT # P00000104668

1. Entity Name
FORTMAN CLINE, INC.



Principal Place of Business
201 8TH ST S STE 107
NAPLES FL 34102

Mailing Address
201 8TH ST S STE 107
NAPLES FL 34102



2. Principal Place of Business
201 8th Street South
Suite, Apt. #, etc. #308

3. Mailing Address
201 8th Street South
Suite, Apt. #, etc. #308

City & State
Naples Florida

City & State
Naples, Florida

Zip Country
34102 USA

Zip Country
34102 USA

CHECK HERE IF MAKING CHANGES

4. FEI Number 91-0764947 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COLLINS, KYLE W
201 8TH ST S STE 107
NAPLES FL 34102

7. Name and Address of New Registered Agent
Name: Stephan Bind
Street Address (P.O. Box Number is Not Acceptable): 201 8th Street South, #308
City: Naples FL Zip Code: 34102

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] DATE: 4/21/03

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULER, PAUL	
STREET ADDRESS	201 8TH ST S STE 107	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	201 8th Street South, #308	
CITY-ST-ZIP	Naples, FL 34102	
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		

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 I am empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE: 4/21/03 DAYTIME PHONE #: 239-430-0386

CR2E034 (10/02)