

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90237 021 ***150.00

DOCUMENT # P00000107227

1. Entity Name

HI LINE INVESTMENTS, INC.

Principal Place of Business

**6457 NW 99TH AVE.
 PARKLAND FL 33076**

Mailing Address

**6457 NW 99TH AVE.
 PARKLAND FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1058956

Applied For

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

**DARRAS, PETER
 6457 NW 99TH AVE.
 PARKLAND FL 33076**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **DARRAS, PETER**
 STREET ADDRESS **6457 NW 99TH AVE.**
 CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **D** ☐ Delete
 NAME **DARRAS, DEBORAH**
 STREET ADDRESS **6457 NW 99TH AVE.**
 CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH J. DARRAS 07/13/01 9547551052

Date Daytime Phone #

CR2E034 (5/01)

00032363 AV

Attachment

*and
Hardware*

*Doc. # P00000107227
C6013580*

Hi Line Bath Distributors, Inc.

^

3650 Coral Ridge Drive
Suite 110

Coral Springs, Florida 33065
(954) 755-1052 (954) 755-4982
Fax (954) 345-9940



July 9, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Hi Line Investments, Inc.
FEI# 65-1058956

Dear Sirs:

We did not receive the prior notice for the filing of the 2001 Uniform Business Report.
This is the first notice we have received.

Please accept our check for \$150.00 since we did not receive any prior notices. Thank
you very much for your consideration in this matter.

Very truly yours,

P. S. Darras

Peter Darras