2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P93000029564 Secretary of State B. G. CLINE & COMPANY, INC. 05-02-2001 90112 008 ***150.00 Principal Place of Business Mailing Address 2727 W. BELLA VISTA ST. 2727 W. BELLA VISTA ST. 749944 LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3187509 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLINE, BOBBY Street Address (P.O. Box Number is Not Acceptable) 2830 WIREGRASS RD LAKELAND FL 33810 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Delete TITLE . Change ☐ Addition TITLE NAME NAME CLINE, BOBBY STREET ADDRESS STREET ADDRESS 1010 JORDAN RD. CITY-ST-ZIP CITY-ST-ZIP <u>LAKELAND FL</u> ☐ Delete TITLE Change Addition TITLE NAME WILLIAMSON, DIANE NAME STREET ADDRESS STREET ADDRESS 540 FRANCIS BLVD. CITY-ST-ZIP CITY-ST-ZIP <u>LAKELAND FL</u> TITLE ... ST __ . _ Delete Change Addition HALL, MICHELE NAME NAME STREET ADDRESS STREET ADDRESS 822 FALLS PARKWAY CITY-ST-ZIP CITY-ST-ZIP **DULUTH GA** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 DIREC

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