

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

0189439  
 AV

**DOCUMENT # P99000093567**

1. Entity Name  
**C-LINE TRANSPORT, INC.**

05-15-2002 90153 048 \*\*\*150.00

Principal Place of Business

**11608 N.W. 48TH COURT  
 CORAL SPRINGS FL 33076**

Mailing Address

**11608 N.W. 48TH COURT  
 CORAL SPRINGS FL 33076**

2. Principal Place of Business

**6945 NW 108th AV**  
 Suite, Apt. #, etc.

3. Mailing Address

**6945 NW 108th AV**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Parkland**

City & State

**Parkland**

4. FEI Number

**65-0958542**

Applied For

Not Applicable

Zip

**FL**

Country

**33076**

Zip

**FL**

Country

**33076**

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

**CLINE, DAVID R  
 16608 NW 48TH COURT  
 CORAL SPRINGS 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 \_\_\_\_\_ (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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CLINE, DAVID R</b> <b>11608 N.W. 48TH COURT</b> <b>CORAL SPRINGS FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLINE, ADRIANA</b> <b>11608 N.W. 48TH COURT</b> <b>CORAL SPRINGS FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALLEN, LAONA</b> <b>10899 N.W. 66ND COURT</b> <b>PARKLAND FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 ~~has~~ empowered.

SIGNATURE: David R. Cline 4-25-02 954-255-5350

CR2E034 (9/01)