

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90711 044 ***150.00

0204551 AV

DOCUMENT # P99000093567

1. Entity Name
C-LINE TRANSPORT, INC.



Principal Place of Business
**6945 N.W. 108 AVENUE
PARKLAND FL 33076**

Mailing Address
**6945 N.W. 108 AVENUE
PARKLAND FL 33076**

2. Principal Place of Business

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0958542**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLINE, DAVID R

~~16800 NW 48TH COURT~~

~~CORAL SPRINGS FL 33076~~

Name **DAVID R. CLINE**

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

6945 NW 108 AVENUE

City **PARKLAND**

FL

Zip Code **33076**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CLINE, DAVID R**
STREET ADDRESS ~~16800 NW 48TH COURT~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33076~~

TITLE **P** ☒ Change ☐ Addition
NAME **David R. Cline**
STREET ADDRESS **6945 NW 108 AVE**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE **V** ☐ Delete
NAME **CLINE, ADRIANA**
STREET ADDRESS ~~11600 NW 48TH COURT~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33076~~

TITLE **V** ☒ Change ☐ Addition
NAME **Cline, Adriana**
STREET ADDRESS **6945 NW 108 AVE**
CITY-ST-ZIP **Parkland, FL 33076**

TITLE **T** ☐ Delete
NAME **ALLEN, LAONA**
STREET ADDRESS ~~10800 N.W. 66TH COURT~~
CITY-ST-ZIP ~~PARKLAND FL 33076~~

TITLE **V** ☒ Change ☐ Addition
NAME **Allen, Laona**
STREET ADDRESS **6945 NW 108th AV**
CITY-ST-ZIP **Parkland, FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

[Signature] **DAVID R. CLINE**

DATE **4/7/03**

Daytime Phone # **854-255-5356**

CR2E034 (10/02)