

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 260384**

1. Entity Name

BOLINE OFFICE SUPPLY INC**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90087 010 ***150.00

Principal Place of Business

**1321 NW 65TH PL
SUITE B
FT LAUDERDALE FL 33309
US**

Mailing Address

**1321 NW 65TH PL
SUITE B
FT LAUDERDALE FL 33309
US**

2. Principal Place of Business

**1847 SOUTH DIXIE HWY
Suite, Apt. #, etc.**

3. Mailing Address

**1847 South Dixie Hwy
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL.

City & State

POMPANO BEACH FL.4. FEI Number **59-0970365**

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA5. 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

**BARNES, SEFTON K
829 COCONUT DR., S.W.
FORT LAUDERDALE FL 33315**

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 \$150.00
After MAY 1, 2001 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	BARNES, SEFTON K	
STREET ADDRESS	829 COCONUT DR., S.W.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	BARNES, PHYLLIS L	
STREET ADDRESS	829 COCONUT DR., S.W.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARNES, BRETT	
STREET ADDRESS	1321 N.W. 65 PLACE, SUITE B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM	
STREET ADDRESS	1321 N.W. 65 PLACE, SUITE B	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1847 SOUTH DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1847 SOUTH DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
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		

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

1/8/01

Date

959 969 9600

Daytime Phone #

CR2E034 (10/00)