

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 430385**

1. Entity Name

**CENTER LINE CONSTRUCTION CORP.****FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90299 013 \*\*\*150.00

Principal Place of Business

**4002 BROAD ST  
BROOKSVILLE FL 34609**

Mailing Address

**4002 BROAD ST  
BROOKSVILLE FL 34609**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip **34604**

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip **34604**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1474049**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIEL, J.M.  
4002 BROAD ST.  
BROOKSVILLE FL 33512**

7. Name and Address of New Registered Agent

Name

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

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)

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL, J.M.</b>	
STREET ADDRESS	<b>3281 MINNOW CREEK DR</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL, J. ALAN</b>	
STREET ADDRESS	<b>26377 SEIDEL ST.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daniel, Richard L.</b>	
STREET ADDRESS	<b>21443 Lake Lindsey Rd.</b>	
CITY-ST-ZIP	<b>Brooksville, FL 34601</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daniel, J.M.</b>	<b>Address</b>
STREET ADDRESS	<b>11640 S. Old Jones Rd</b>	
CITY-ST-ZIP	<b>Floral City, FL 34436</b>	
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 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

Date

Daytime Phone #

CR2E034 (10/00)