

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90164 016 ***550.00

DOCUMENT # 437904

1. Entity Name
FLORIDA LINE OF ASTATULA, INC.

Principal Place of Business

25846 C.R. 561
P.O. BOX 352
ASTATULA FL 34705

Mailing Address

P.O. BOX 352
ASTATULA FL 34705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1489376**

Applied For

Not Applicable

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

BAIRD, LEONARD H., JR.
635 WEST HWY. 50
CLERMONT FL 34712

Name

Konnie K. Shafar

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

29308 Camp Road

City

Tavares

FL

Zip Code
32778

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 *Konnie K. Shafar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-30-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☒ Delete
NAME **SHAFAR, KENNETH L.**
STREET ADDRESS **28012 TAMMI DR.**
CITY-ST-ZIP **TAVARES FL**

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

TITLE **ST** ☒ Delete
NAME **SHAFAR, JOAN M.**
STREET ADDRESS **28012 TAMMI DRIVE**
CITY-ST-ZIP **TAVARES FL**

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

TITLE **VP** ☐ Delete
NAME **SHAFAR, JR, DONALD F**
STREET ADDRESS **29308 CAMP RD**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **P** ☒ Change ☐ Addition
NAME **Shafar, Jr., Donald F.**
STREET ADDRESS **29308 Camp Road**
CITY-ST-ZIP **Tavares, FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **Shafar, James A.**
STREET ADDRESS **35321 Dogwood Circle**
CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
NAME **Shafar, Konnie K.**
STREET ADDRESS **29308 Camp Road**
CITY-ST-ZIP **Tavares, FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Konnie K. Shafar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02

Date

352-742-7818

Daytime Phone #

CR2E034 (4/02)