

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565477

1. Entity Name

RANGELINE SUPPLY, INC.

Principal Place of Business

Mailing Address

4510 PROSPERITY DR
FT. PIERCE FL 34981

PO BOX 13420
FT PIERCE FL 34979-3420

2. Principal Place of Business

2104 CROOKED CREEK WAY

3. Mailing Address

46 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State

VALRICO FLORIDA

City & State

SARASOTA FLORIDA

Zip

33594

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-0131954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM E
4510 PROSPERITY DR
FT. PIERCE FL 34981

7. Name and Address of New Registered Agent

Name
STRICKLAND, JOHN M.

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

46 N. WASHINGTON BLVD., #1

SUITE 1

City

SARASOTA

FL

Zip Code

34236

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

3/17/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SCOTT, WILLIAM
4510 PROSPERITY DR
FT. PIERCE FL 34981

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCOTT, NORMA E
4510 PROSPERITY DR
FT. PIERCE FL 34981

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D,P,T
TONE, WILLIAM R.
2104 CROOKED CREEK WAY
VALRICO FLORIDA 33594
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
TONE, PAULETTE J.
2104 CROOKED CREEK WAY
VALRICO FLORIDA 33594
☐ Change ☒ Addition

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

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

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:

William R. TONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. TONE, President

800-562-7454

4-12-00

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90340 001 ***300.00



DO NOT WRITE IN THIS SPACE