

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737954

Name

LINE INFORMATION AND REFERRAL, INC.

**FILED**  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90002 007 \*\*\*\*61.25

Place of Business Mailing Address  
FEDERAL HIGHWAY PO BOX 2568  
FL 34995 STUART FL 34995-2568  
US

00014994



DO NOT WRITE IN THIS SPACE

Place of Business 3. Mailing Address

Apt. #, etc. Suite, Apt. #, etc.

State City & State

4. FEI Number 54-2772830

Applied For  
Not Applicable

Country Zip Country 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

RAYMOND  
SE ST LUCIE BLVD  
FL 34996

Name  
Puro, Raymond  
Street Address (P.O. Box Number is Not Acceptable)  
1582 SE Andrews St.  
City Stuart FL Zip Code 34996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S SHULESHKO, SANDRA 8225 SW WOODHAM STREET PALM CITY FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P PURO, RAYMOND 2322 SE ST LUCIE BLVD STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ZARRO, JOANNE 729 S FEDERAL HWY STUART FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T FRANK, W. BRITT 759 S FEDERAL HWY., #321 STUART FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MD SUDORE, GAIL M 1129 ALAMANDA LN STUART FL 34996	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MINOR, BEVERLY J 1644 NE ARCH AVE JENSEN BEACH FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 617, 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 empowerment.

SIGNATURE: Thomas J. Goodman 561-286-1126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)