

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0671511 AB

DOCUMENT # F02000005441

1. Entity Name
CROSSLINE DISTRIBTORS LTD., INC.



Principal Place of Business
1670 GRANT AVE
BLAINE WA 98230

Mailing Address
1670 GRANT AVE
BLAINE WA 98230

FILED

03 OCT 20 PM 4: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 91-1566000

Applied For
Not Applicable

Zip

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FILIPENKO, DAVID GORDON
STREET ADDRESS 15433 20TH AVE
CITY-ST-ZIP SURREY B.C.V4A2A4

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Dave Filipenko 9-25-03 360-332-1196

Date Daytime Phone #

CR2E034 (10/02)

232

CROSSLINE DISTRIBUTORS LTD

1670 GRANT AVE
BLAINE WA 98230

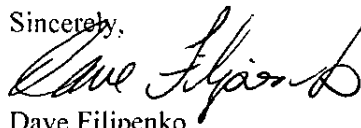
360-332-7196
FAX 360-332-7296

FLORIDA DEPT OF STATE
DIV OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL. 32314

REF NUMBER: F02000005441
LETTER NUMBER: 703A00054636

In response to your letter dated October 6. We filed the corporation renewal form not knowing there was a deadline. We filed in late September because we had applied for a cigarette license over nine months previous and we were making sure our application was accepted not realizing there was a deadline for corporation renewal. Apparently there was a second notice sent but I do not recall receiving it as I explained to the person on the phone at your office. I am asking to be reinstated without paying the extra \$ 200.00 . Thank You for your consideration.

Sincerely,



Dave Filipenko
President
Crossline Distributors Ltd.