2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F02000005441

1. Entity Name
CROSSLINE DISTRIBTORS LTD., INC.

FILED
03 OCT 20 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1670 GRANT AVE BLAINE WA 98230	1670 GRANT AVE BLAINE WA 98230

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 91-1566000 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) 400023554324 10/03/03--01087--013 **550.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P FILIPENKO, DAVID GORDON 15433 20TH AVE SURREY B.C.V4A2A4 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 REQUIRED Dave Filipenko 9-25-03 360-332-7196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.