

**04 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **FO3000000623**

1. Entity Name

UTILITY LINE SERVICES, LTD. INC.



FILED

04 MAR 16 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

126-126TH AVE. W

SAME AS BUSINESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

DO NOT WRITE IN THIS SPACE

City & State

City & State

TREASURE ISLAND, FL.

4. FEI Number

#32-0079998

Applied For

Not Applicable

Zip

Country

Zip

Country

33706

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RUSSELL KNIFF

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

126-126TH AVE. W #7

City

TREASURE ISLAND

FL

Zip Code

33706

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IN THIS SPACE**

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

RUSSELL KNIFF, *Russell Kniff*

3/06/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **DONNA K. FRAZIER**
STREET ADDRESS **126-126TH AVE. W. #7**
CITY-ST-ZIP **TREASURE ISLAND, FL. 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURE**
NAME **RUSSELL KNIFF**
STREET ADDRESS **126-126TH AVE. W. #7**
CITY-ST-ZIP **TREASURE ISLAND, FL. 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300030575863
03/16/04--01094--011 **150.00

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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 11 or in attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

3/06/04

(727) 580-9359