

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90078 033 ***550.00

DOCUMENT # J78604

1. Entity Name
COMMERCIAL LONGLINERS, INC. ✓

Principal Place of Business
 % SYLVIA SHEARER
 26 1/2 NORTH CAUSEWAY DRIVE
 FT. PIERCE FL 34946
 US

Mailing Address
 % SYLVIA SHEARER
 2307 CANOE CREEK LANE
 FT. PIERCE FL 34981
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2820353**

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

SHEARER, SYLVIA J
2307 CANOE CREEK LN
FT. PIERCE FL 34981

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHEARER, SYLVIA	
STREET ADDRESS	2307 CANOE CREEK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANKENBAKER, CAROL	
STREET ADDRESS	1054 PULITZER RD	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	DST	<input type="checkbox"/> Delete
NAME	COZINE, GLORIA JEAN	
STREET ADDRESS	2307 CANOE CREEK LANE	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Blackburn Gloria Jean Change Addition
2307 Canoe Creek Lane
Ft. Pierce, FL 34981

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: Sylvia Shearer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000 561-461-8079
Date Daytime Phone #

CR2E034 (5/00)