

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90003 006 ***150.00

0130231 AT

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



2. Principal Place of Business

3. Mailing Address

4380 GATOR TRACE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2820353**

Applied For
 Not Applicable

Zip

Country

Zip

34982

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 + 150
After September 12, 2001 Fee 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** Delete
 NAME **SHEARER, SYLVIA**
 STREET ADDRESS **2307 CANOE CREEK LANE**
 CITY-ST-ZIP **FT. PIERCE FL 34981**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **4380 GATOR TRACE LN.**
 CITY-ST-ZIP **34982**

TITLE **DV** Delete
 NAME **BLANKENBAKER, CAROL**
 STREET ADDRESS **1054 PULITZER RD**
 CITY-ST-ZIP **FT. PIERCE FL 34945**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **COZINE, GLORIA JEAN**
 STREET ADDRESS **2307 CANOE CREEK LANE**
 CITY-ST-ZIP **FT. PIERCE FL 34981**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **4380 GATOR TRACE LN.**
 CITY-ST-ZIP **34982**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

8/13/01

561-461-8079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

AC081795
Attachment

#J78604

ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT

Enclosed is a check in the amount of \$150.00. We just received this report.
Nothing was ever mailed to us prior to this.

S. Shearer, President