

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91053 048 ***150.00

DOCUMENT # K11008

1. Entity Name
STAT-LINE INDUSTRIES, INC.



Principal Place of Business
**2050 HAINES ST
JACKSONVILLE FL 32206
US**

Mailing Address
**1619 ATLANTIC UNIVERSITY CIR.
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

2050 HAINES ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-2863484

Applied For

Not Applicable

Zip

Country

Zip

Country

32206

US

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

**BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
121 WEST FORSYTH ST.
SUITE 900
JACKSONVILLE FL 32202**

Name **Glazier & Glazier, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
8825 Perimeter Park Blvd.

Suite 504

City **Jacksonville**

FL

Zip Code **32216**

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 *Scott L. Glazier* **Scott L. Glazier VP**

4/11/03

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 **PD** ☐ Delete
NAME **ASSAF, ROBERT A.**
STREET ADDRESS **1619 ATLANTIC-UNIV. DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Assaf, Robert A.**
STREET ADDRESS **2050 Haines St.**
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE **VP** ☐ Delete
NAME **ASSAF, ALLAN D.**
STREET ADDRESS **2050 HAINES STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S/T** ☒ Change ☐ Addition
NAME **Assaf, Michael A.**
STREET ADDRESS **2050 Haines St.**
CITY-ST-ZIP **Jacksonville, FL 32206**

TITLE **ST** ☐ Delete
NAME **AASSAF, MICHAEL A.**
STREET ADDRESS **1619 ATLANTIC UNIVERSITY CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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:

ASSAF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03

904-356-6543

CR2E034 (10/02)