

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K50620**

1. Entity Name

CENTER-LINE ROAD STRIPING, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90184 019 ***150.00

Principal Place of Business

**8150 BLAIE CT
SARASOTA FL 34240
US**

Mailing Address

**8150 BLAIE CT
SARASOTA FL 34240
US**

2. Principal Place of Business

8150 Blaikie Court

Suite, Apt. #, etc.

3. Mailing Address

8150 Blaikie Court

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0087484

Applied For

Not Applicable

Zip
34240

Country

Sarasota

Zip

34240

Country

Sarasota5. 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****DELAGARZA, JOSEPH
8150 BLAIE CT
SARASOTA FL 34240**

Name

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

8150 Blaikie CourtCity
Sarasota**FL**Zip Code
34240

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
DELAGARZA, JOSEPH
8150 BLAIE CT
SARASOTA FL 34240** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8150 Blaikie Court
Sarasota, FL 34240** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
DELAGARZA, CAROL N
8150 BLAIE CT
SARASOTA FL 34240** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8150 Blaikie Court
Sarasota, FL 34240** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph De La Garza, President

01/22/01 (941) 342-6948

Date

Daytime Phone #

CR2E034 (10/00)