

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90037 026 \*\*\*158.75

DOCUMENT # M07859

1. Entity Name

COUNTY LINE CONTRACTORS, INC.

Principal Place of Business

1625 SE 10TH AVE #210  
FT. LAUDERDALE FL 33316  
US

Mailing Address

757 SE 17TH ST. #362  
FT. LAUDERDALE FL 33316  
US

2. Principal Place of Business

4421 NW 41st PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

4. FEI Number 59-2466183

Applied For

Not Applicable

Zip

33073

Country

BROWARD

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

FRIEDMAN, HARVEY A.  
19240 SW 218TH ST  
GOULDS FL 33170

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 \$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 PD  
NAME FRIEDMAN, HARVEY A.  
STREET ADDRESS 19240 SW 218TH ST  
CITY-ST-ZIP GOULDS FL ☐ Delete

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

TITLE STD  
NAME JANE, PATRICIA L.  
STREET ADDRESS 1625 SE 10TH AVE #210  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4421 NW 41st PLACE  
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE V  
NAME JACOBS, LYLE  
STREET ADDRESS 6337 SW 10TH ST  
CITY-ST-ZIP MIRAMAR FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2350 CHESTNUT CT.  
CITY-ST-ZIP PEMBROKE PINES, FL 33066 ☒ Change ☐ Addition

TITLE D  
NAME GREEN, RODNEY N.  
STREET ADDRESS 7366 PINEWALK DR. SOUTH  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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: Patricia L. Jane STD, Jr. C.L.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 954 525-9191

CR2E034 (10/00)