

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90022 037 \*\*\*150.00

**DOCUMENT # P00000060822**

**1. Entity Name**  
**COUNTY LINE CARRIERS CORP.**

**Principal Place of Business**

**7219 NORTH CLARK AVE**  
**TAMPA FL 33614**

**Mailing Address**

**7219 NORTH CLARK AVE**  
**TAMPA FL 33614**

**B0048514**



**2. Principal Place of Business**

**815 Linwood Terrace**

Suite, Apt. #, etc.

**3. Mailing Address**

**815 Linwood Terrace**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Lutz, FL**

**City & State**

**Lutz, FL**

**4. FEI Number**

**59-3657959**

**Applied For**

**Not Applicable**

**Zip**  
**33549**

**Country**

**Hillsborough**

**Zip**  
**33549**

**Country**

**Hillsborough**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BACCARELLA, DOMINIC**

**4144 N. ARMENIA AVE #300**

**TAMPA FL 33607**

**7. Name and Address of New Registered Agent**

**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, 2002 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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D** ☐ Delete  
**LINFERNAL, EDARDO B**  
**7219 NORTH CLARK AVE**  
**TAMPA FL 33614**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ Change ☐ Addition

**TITLE**  
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**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**

**3/12/02**

**Date**

**813-414 0093**

**Daytime Phone #**

CR2E034 (9/01)