

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90686 014 ***150.00

0037892 AV

DOCUMENT # P00000085619

1. Entity Name

BLUE LINE SPORTSWEAR, INC.

Principal Place of Business

Mailing Address

**2197 LONGLY GREEN CT
JACKSONVILLE FL 32246**

**3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257**

2. Principal Place of Business

7315 White Birch Dr.

3. Mailing Address

PO BOX 24668

Suite, Apt. #, etc.

JACKSONVILLE FL

Suite, Apt. #, etc.

JACKSONVILLE, FL.

City & State

City & State

4. FEI Number

59-3668198

Applied For

Not Applicable

Zip

32277

Country

Duval

Zip

32241-4668

Country

USA

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

**HERNANDEZ, MEREDITH A
3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257**

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

Christina C. Wildes

4/3/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD WILDES, CHRISTINA C**
STREET ADDRESS **P. O. BOX 24668**
CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

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

TITLE ☐ Delete
NAME **VD WILDES, CHRISTINA C**
STREET ADDRESS **P. O. BOX 24668**
CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

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

TITLE ☐ Delete
NAME **ST WILDES, THOMAS W**
STREET ADDRESS **P. O. BOX 24668**
CITY-ST-ZIP **JACKSONVILLE FL 32241-4668**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Christina C. Wildes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/02 (904) 762 0362

CR2E034 (9/01)