

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90821 029 ***150.00

DOCUMENT # P01000085688

1. Entity Name
ASSEMBLY-LINE PRODUCTS, INC.



Principal Place of Business
**7227 SWITCHGRASS TRAIL
BRADENTON FL 34202**

Mailing Address
**POST OFFICE BOX 50474
SARASOTA FL 34232**



2. Principal Place of Business
8414 WETHERS FIELD RUN

3. Mailing Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State

Zip
34202

Country

Zip

Country

4. FEI Number **36-2675924**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KULAGA, ARLENE
7227 SWITCHGRASS TRAIL
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

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

8414 WETHERS FIELD RUN, APT 103

City **BRADENTON**

FL

Zip Code
34202

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 **ARLENE KULAGA** *Arlene Kulaga President*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/03
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

TITLE	P	<input type="checkbox"/> Delete
NAME	KULAGA, ARLENE	
STREET ADDRESS	7227 SWITCHGRASS TRAIL	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KULAGA, MARCEL	
STREET ADDRESS	7227 SWITCHGRASS TRAIL	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8414 WETHERS FIELD RUN, APT 103
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8414 WETHERS FIELD RUN, APT 103
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ARLENE KULAGA** *Arlene Kulaga President* **4/29/03** **941-907-4566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/02)