

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90030 038 ***550.00

DOCUMENT # P02000034027

1. Entity Name
CLINE ENTERPRISES, INC.



Principal Place of Business
**13725 BEACH BLVD
SUITE 143
JACKSONVILLE FL 32224**

Mailing Address
**13725 BEACH BLVD
SUITE 143
JACKSONVILLE FL 32224**

2. Principal Place of Business
13715 RICHMOND PK DR N.

3. Mailing Address
13715 RICHMOND PK DR N.

Suite, Apt. #, etc.
401

Suite, Apt. #, etc.
401

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32224

Country

Zip
32224

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
41-2034389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTES, BELINDA
13715 RICHMOND PART DRIVE NORTH
APT. #403
JACKSONVILLE FL 32224**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Belinda C. Montes* / *BELINDA C. MONTES*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-15-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **MONTES, BELINDA**
STREET ADDRESS **13715 RICHMOND PARK DRIVE NORTH #403**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **V** ☐ Delete
NAME **BAKER, WILLIAM**
STREET ADDRESS **13715 RICHMOND PARK DRIVE NORTH #403**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **S** ☐ Delete
NAME **BAKER, JASON**
STREET ADDRESS **13715 RICHMOND PARK DRIVE NORTH #403**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Belinda C. Montes* / *BELINDA C. MONTES* **9/15/03** **904.821-4512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)