

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90152 007 \*\*\*150.00

DOCUMENT # P02000059775

1. Entity Name

BEE-LINE ALIGNMENT SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1614 W GARDEN ST

Suite, Apt. #, etc.

3. Mailing Address

1614 W GARDEN ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PENSACOLA FL

City & State  
PENSACOLA FL

4. FEI Number  
38-3652248

Applied For  
Not Applicable

Zip  
32501-4414

Country

Zip  
32501-4414

Country

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
LE, THOI V

Street Address (P.O. Box Number is Not Acceptable)  
1614 W GARDEN ST

City PENSACOLA FL Zip Code 32501

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 D  
NAME LE, THOI V  
STREET ADDRESS 1614 W GARDEN ST  
CITY - ST - ZIP PENSACOLA FL 32501

TITLE D  
NAME LE, KIM Y  
STREET ADDRESS 1614 W GARDEN ST  
CITY - ST - ZIP PENSACOLA FL 32501

TITLE D  
NAME NGUYEN, YEN-VI  
STREET ADDRESS 3410 MILLCREST DR  
CITY - ST - ZIP JACKSONVILLE FL 32777

TITLE  
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CITY - ST - ZIP

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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)