

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055288

1. Entity Name

LINES OF OCALA, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90390 014 \*\*\*150.00

Principal Place of Business

Mailing Address

805 S. MAGNOLIA AVE  
 STE C  
 OCALA FL 34474  
 US

PO BOX 4948  
 OCALA FL 34478-4948  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3261813

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILLSBURY, DAVID A JR.  
 5520 N.E. 7TH ST.  
 OCALA FL 34470

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, 2000 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 D  
 NAME PILLSBURY, DAVID A JR.  
 STREET ADDRESS 5520 N.E. 7TH ST.  
 CITY-ST-ZIP OCALA FL 34470 ☐ Delete

TITLE PRESIDENT ☒ Change ☐ Addition  
 NAME PILLSBURY, DAVID A. JR.  
 STREET ADDRESS 4560 SE 120 ST  
 CITY-ST-ZIP BELLEVUE, FL 34420

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
 NAME PILLSBURY, TRACY JEAN  
 STREET ADDRESS 4560 SE 120 ST  
 CITY-ST-ZIP BELLEVUE, FL 34420

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  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. PILLSBURY, JR.

03.31.2000

Date

352.402.9191

Daytime Phone #

CR2E034 (9/99)