

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91066 031 ***150.00

DOCUMENT # P95000088830

1. Entity Name
C. C. CLINE & CO.



Principal Place of Business
**2810 HWY 98 WEST
MARY ESTHER FL 32569
US**

Mailing Address
**8271 GULF BLVD
805
NAVARRE BEACH FL 32566**



2. Principal Place of Business

3. Mailing Address

1881 Biscayne Blvd.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
NAVARRE, FL.

4. FEI Number **59-3343138**

Applied For
 Not Applicable

Zip

Country

Zip **32566** Country **USA SANTA ROSA**

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

**CLINE, CALVIN COL.
2810-A HIGHWAY 98 WEST
MARY ESTHER FL 32569**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CLINE, CALVIN COL.	
STREET ADDRESS	2810-A HIGHWAY 98 WEST	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLINE, DELORES M.	
STREET ADDRESS	2810 HWY 98 W	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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: *DeLore M. Cline*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03
Date

Daytime Phone #

CR2E034 (10/02)