

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90066 013 \*\*\*150.00

**DOCUMENT # P96000030532**

1. Entity Name  
**RED LINE USA, INC.**



Principal Place of Business  
**2287 SOUTH RIDGE WOOD AVENUE**  
**SOUTH DAYTONA FL 32119**  
**US**

Mailing Address  
**3324 RELAY ROAD**  
**ORMOND BEACH FL 32174**  
**US**



2. Principal Place of Business  
**1161 EAST ALTAMONTE ON**

3. Mailing Address  
**640 Sweetwood Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1017**

City & State

City & State

**ALTAMONTE SPRING**

**PONT ORANGE**

Zip

Zip

Country

Country

**32701**

**US**

**32127**

**US**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3383724**

Applied For

Not Applicable

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

**SZUPELLO, PAUL J**  
**3324 RELAY ROAD**  
**ORMOND BEACH FL 32174**

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

(NOTE: Registered Agent signature required when reinstating)

Aug 1/01  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**SZUPELLO, PAUL J**  
**3324 RELAY ROAD**  
**ORMOND BEACH FL 32174** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD**  
**SZUPELLO, PAUL J**  
**640 Sweetwood Dr.**  
**PONT ORANGE FL 32127** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

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:

*Paul Supello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 1/01 386-767-9780  
 Date Daytime Phone #

CR2E034 (5/01)

**RED LINE USA INC.**

640 SWEETWOOD DRIVE  
PORT ORANGE FL 32127

*Deft*  
9960 0003 0532  
80001859

August 7, 2001

Dear Sir or Madam:

This is the second 2001 uniform business report sent to you, we sent one in Feb/March 2001. We have since changed our bank and was accounting for any undeposited checks. We noticed check # 2137 has not been cashed which was sent to Florida Department of State. I called in and talked to someone that told me to request a new report, mail in the check for \$150.00 and a letter with it. Please check we have always been on time since 1996. I know we sent in this report, why send it in after May and pay \$500.00 ?

Sincerely,

Paul J Szupello  
President