

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90049 044 \*\*\*550.00

**DOCUMENT # P98000015499**

1. Entity Name

**DIRECT LINE SERVICES, INC.**

Principal Place of Business

**12320 NW 30TH STREET  
 SUNRISE FL 33323**

Mailing Address

**12320 NW 30TH STREET  
 SUNRISE FL 33323**

2. Principal Place of Business

**7161 SW 11 STREET**

3. Mailing Address

**7161 SW 11 STREET**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

**PLANTATION, FL**

City & State

**PLANTATION, FL**

Zip

**33317**

Country

**USA**

Zip

**33317**

Country

**USA**

4. FEI Number

**65-0810623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NESELROD, STEVE  
 12320 NW 30TH STREET  
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name

**STEVE NESELROD**

Street Address (P.O. Box Number is Not Acceptable)

**7161 SW 11 STREET**

City

**PLANTATION**

FL

Zip Code

**33317**

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 **STEVE NESELROD**

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

(NOTE: Registered Agent signature required when reinstating)

**9/1/00**

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 13, 2000 Min. 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

TITLE **D** ☒ Delete  
 NAME **NESELROD, STEVE**  
 STREET ADDRESS **12320 NW 30TH STREET**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **STEVE NESELROD**  
 STREET ADDRESS **7161 SW 11 ST**  
 CITY-ST-ZIP **PLANTATION, FL 33317**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**STEVE NESELROD**

Date

**9/1/00**

Daytime Phone #

**954-581-9700**