

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90023 027 ***150.00

DOCUMENT # P98000038650

1. Entity Name

SECURELINE PRODUCTS, INC.

Principal Place of Business

2334 NW 187TH AVE
PEMBROKE PINES FL 33029

Mailing Address

2334 NW 187TH AVE
PEMBROKE PINES FL 33029

2. Principal Place of Business

13736 SW 40 ST
Suite, Apt. #, etc.

3. Mailing Address

13736 SW 40 ST
Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33330

Country

Broward

Zip

33330

Country

Broward

4. FEI Number

65-0834504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONATE, DOUGLAS J
2334 NW 187TH AVE
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name: Bonate, Douglas J
Street Address (P.O. Box Number is Not Acceptable):
13736 SW 40 ST
City: DAVIE
State: FL
Zip Code: 33330

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BONATE, DOUGLAS J	
STREET ADDRESS	2334 NW 187TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEAPS-BONATE, SHELLEY	
STREET ADDRESS	2334 NW 187TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BONATE, DOUGLAS J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13736 SW 40 ST	
STREET ADDRESS	DAVIE FL 33330	
CITY-ST-ZIP		
TITLE	Heaps-Bonate, Shelley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13736 SW 40 ST	
STREET ADDRESS	DAVIE FL 33330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Doug J Bonate DOUGLAS J. BONATE 4-23-01

954-450 5774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0490124