

2001 UNIFORM BUSINESS REPORT (UBR)

1999-2001

DOCUMENT # P980000434307

1. Entity Name

CITY LINE TRUCK ACCESSORIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 11:17

Principal Place of Business

3010 S. Woodland Blvd.
Deland, FL 32720

Mailing Address

P.O. Box 741012
Orange City, FL 32774

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

59-3509151

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

John F. Kent
1144 16th Street
Deltona, FL 32738

Name

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

500004342525--0

-06/05/01--01099--023

City

****300.00

****300.00
FL Zip Code

8. The above named agent 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)

5-14-01

+ 4-19-01

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 ☐ Delete

NAME Deena P. Kent

STREET ADDRESS 1144 16th St.

CITY-ST-ZIP Orange City, FL 32763

TITLE ☐ Delete

NAME John F. Kent

STREET ADDRESS 1144 16th St.

CITY-ST-ZIP Orange City, FL 32763

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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 ☐ Change ☐ Addition

NAME 20125-AR

STREET ADDRESS 10.00-ARARTS

CITY-ST-ZIP 88.75-AR SUPP

TITLE ☐ Change ☐ Addition

NAME 150.00 AR all mon

STREET ADDRESS 500004342525--0

CITY-ST-ZIP -06/05/01--01099--024

TITLE ☐ Change ☐ Addition

NAME ****150.00 ****150.00

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, 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 an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. KENT

DEENA P. KENT

5-14-01

+ 4-19-01

Date

Daytime Phone #

904-775-0022