

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90063 042 \*\*\*150.00

**00054733**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000092209**

1. Entity Name

**STRAIGHT LINE INVESTIGATIONS, INC.**

Principal Place of Business

Mailing Address

CINNAMON DR  
ORLANDO FL 32825PO BOX 678818  
ORLANDO FL 32867-8818  
US

2. Principal Place of Business

3. Mailing Address

3228 Natoma Way  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando FL

City &amp; State

4. FEI Number

59-3540764

Applied For

Not Applicable

Zip

Country

Zip

Country

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

URENA, LEONIDES  
60 CINNAMON DR  
ORLANDO FL 32825

Name

Leonides A. Ureña

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

3228 Natoma Way

City

Orlando

FL

Zip Code

32825

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

Leonides A. Ureña / Leonides A. Ureña, VP

1/14/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	URENA, LUIS H	
STREET ADDRESS	60 CINNAMON DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	URENA, LEONIDES	
STREET ADDRESS	60 CINNAMON DR	
CITY-ST-ZIP	ORLANDO FL 32825	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis H. Ureña	
STREET ADDRESS	3228 Natoma Way	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leonides A. Ureña	
STREET ADDRESS	3228 Natoma Way	
CITY-ST-ZIP	Orlando, FL 32825	
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

Leonides A. Ureña / Leonides A. Ureña

3/31/00

(407) 737-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.F. 15034 (9/99)