

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015111

1. Entity Name

LINE CORP.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90045 050 ***150.00

00043301



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7989 CAUSEWAY BLVD. SOUTH
ST. PETERSBURG FL 33707

7989 CAUSEWAY BLVD. SOUTH
ST. PETERSBURG FL 33707-1012

2. Principal Place of Business

7990 CAUSEWAY BLVD. SOUTH

3. Mailing Address

7990 CAUSEWAY BLVD. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

58-2443870

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

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

MRYNCZA, BOB
7989 CAUSEWAY BLVD. SOUTH
ST. PETERSBURG FL 33707

Name

BOB MRYNCZA

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

7990 CAUSEWAY BLVD. SOUTH

City

ST. PETERSBURG

FL

Zip Code

33707

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, 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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS STAN GREENBERG
CITY-ST-ZIP 92 HIDDEN FALLS DRIVE
ASHEVILLE, NC 28804

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

TITLE ☐ Delete
NAME SECRETARY-TREAS
STREET ADDRESS BOB MRYNCZA
CITY-ST-ZIP 7990 CAUSEWAY BLVD. SOUTH
ST. PETERSBURG, FL 33707

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS JEFFREY C. REED
CITY-ST-ZIP 267 BEL FOREST DRIVE
BELLINGHAM BLUFFS, FL 33770

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS JIMMY SMITH
CITY-ST-ZIP 1846 ELAINE DRIVE
CLEARWATER, FLA. 33760

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Stan Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

828-252-5300

Daytime Phone #

CR2E034 (9/99)