

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080997

1. Entity Name

LABOR LINE, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90026 025 \*\*\*150.00

Principal Place of Business

225 S. ADAMS ST., STE. 250  
TALLAHASSEE FL 32301

Mailing Address

225 S. ADAMS ST., STE. 250  
TALLAHASSEE FL 32301

817126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4914 CREEKSIDE DR

3. Mailing Address

12425 28TH ST N

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

#103

City & State

CLEARWATER, FL

City & State

ST. PETERSBURG, FL

Zip

33760

Country

US

Zip

33716

Country

US

4. FEI Number

59-3607409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREWTON, WILBUR E  
225 S. ADAMS ST., STE. 250  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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	C	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, ROBIN C	
STREET ADDRESS	12425 28TH STREET NORTH, STE. 103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	DAVIS, PAMELA JO	
STREET ADDRESS	12425 28TH STREET NORTH, STE. 103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	MAY, RANDALL L	
STREET ADDRESS	12425 28TH STREET NORTH, STE. 103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNIGHTLY, ESTHER R	
STREET ADDRESS	12425 28TH STREET NORTH, STE. 103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, ROBERT M	
STREET ADDRESS	12425 28TH STREET NORTH, STE. 103	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLE, WILLIAM R	
STREET ADDRESS	12425 28TH ST N STE 103	
CITY-ST-ZIP	ST PETERSBURG, FL 33716	

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:

*Robert M Smith* 2/20/01 727-556-3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)