## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49391  1. Entity Name FLORIDA LINERS, INC.				Secretary of State 02-17-2002 90001 008 ***150.00			
Principal Place of Business  1080 SW 20TH AVE BOCA RATON FL 33486  Mailing Address 1080 SW 20TH AVE BOCA RATON FL 33486				( 188/1818 11) 81818 16188 (HILE 1818) 1161 6151 61511 61511 61511 61511 61511 61511 61511 61511 61511 61511			
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State			olied For Applicable		
Zíp	Country	Zip	Country	5. Certificate of Status Desired See Required			
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent			
_			Name		-		
LIVERS, JOHN L 19971 WILKINSON LEAS RD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 36 TEQUEST	0 Fa Fl 33469		City FL Zip Code				
				stered agent, or both, in the State of Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so.  FILE NOW! After May 1, 200		E: Registered Agent signature required:  1!! FEE IS \$150.00  102 Fee will be \$550.00  bile to Department of S	10. Election Campaign Financing \$5.00	May Be o Fees			
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARINO, FRANK R 1080 SW 20TH AVE BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARINO, FRANK R 1080 SW 20TH AVE BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVERS, JOHN L 19971 WILKINSON LEAS RD TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADORESS SITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
ITLE IAME ITREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition		
ITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change (	☐ Addition		
indicated	on this report or supplemental report is tr	tie and accurate and that n	ny sianature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the infone same legal effect as if made under oath; that I am an officer or 607, Florida Statutes; and that my name appears in Block 11 or Bl	director		

SIGNATURE: \_