# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 29, 2002 8:00 am**
**Secretary of State**
04-18-2002 90472 008 ***150.00

DOCUMENT # V04021

1. Entity Name
TRUE LINE CORING & CUTTING OF TAMPA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6014 W WATERS AVE<br>TAMPA FL 33634-1123<br>US | 7240 CENTRAL<br>KANSAS CITY MO 64114<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-3098370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANDERSON, RICK A.
7603 LAKE CYPRESS DRIVE
ODESSA FL 33556

**7. Name and Address of New Registered Agent**

Name Thomas Nartker
Street Address (P.O. Box Number is Not Acceptable) ~~8717 Lake Place Lane~~ 6430 Neal Road
City ~~Tampa,~~ FORT MYERS FL Zip Code 33634 33905

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>NARTKER, THOMAS A<br>8717 LAKE PLACE LANE<br>TAMPA FL 33634 | ☐ Delete | ~~☒~~ Change ☐ Addition | 6430 Neal Road<br>FORT MYERS FL 33905 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ANDERSON, RICK A.<br>6014 W. WATERS AVE<br>TAMPA FL | ☒ Delete | ☐ Change ☒ Addition | President<br>James M. Alexander<br>6014 W. Waters Ave.<br>Tampa, FL 33629 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>ANDERSON, RICK A<br>6014 W WATERS AVE<br>TAMPA FL | ☒ Delete | ☐ Change ☒ Addition | ST<br>David Williams<br>12910 Kodiak Ave.<br>Hudson, FL 34667 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALEXANDER, JAMES M<br>3312 SAND JOSE<br>TAMPA FL 33629 | ☒ Delete | ☐ Change ☒ Addition | VP<br>David Williams<br>12910 Kodiak Ave.<br>Hudson, FL 34667 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E034 (9/01)

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:** X James M. Alexander 4/1/02 813-885-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas A. Nartker (941)694-5522