

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F010000006546

1. Entity Name

Linear Coaters, Inc

FILED

02 NOV -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 395

3. Mailing Address
2825 Breckinridge Blvd.

Suite, Apt. #, etc.

Suite 100

DO NOT WRITE IN THIS SPACE

City & State
Midland, GA

City & State
Duluth, GA

4. FEI Number
58-2659069

Applied For
Not Applicable

Zip 31820 Country USA

Zip 30096 Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Bill Bailey
Street Address (P.O. Box Number is Not Acceptable)
1419 NW 65th Avenue
City Ft. Lauderdale FL Zip Code 33313

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 N/A Retained

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Chief Executive Officer Bradford J. Raffensperger 7701 Chattsworth Road Columbus, GA 31820</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400008768764 11/01/02--01113--001 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Chief Financial Officer Bradford J. Raffensperger 7701 Chattsworth Road Columbus, GA 31820</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Bradford J. Raffensperger 7701 Chattsworth Road Columbus, GA 31820</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 (770) 921-5500

DATE

Daytime Phone #

CR2E034B (12/01)

gs 11/21/02