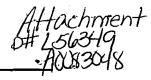
## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 31, 2001 8:00 am Secretary of State DOCUMENT # L56349 1. Entity Name 08-31-2001 90110 003 \*\*\*150.00 LINENS FOR PROFESSIONALS ONLY, INC. Principal Place of Business Mailing Address **የተለሰባ መ**መመመ 7736 FAIRWAY BLVD. 7736 FAIRWAY BLVD. MIRAMAR FL 33023 MIRAMAR FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0190468 Not Applicable Zip Country Zip Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GOLDMAN, TERRY** Street Address (P.O. Box Number is Not Acceptable) 7736 FAIRWAY BLVD. MIRAMAR FL 33023 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing\_ \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01) TITLE ☐ Delete TITLE ☐ Change GOLDMAN, TERRY NAME NAME 7736 FAIRWAY BLD. **CR2E034** STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

AUG-22 954-982-9464



## Linens for Professionals Only, Inc.

Doctors, Dentists and Physical Therapists

7736 FAIRWAY BLVD. • MIRAMAR, FLORIDA 33023 987-9464

August 22, 2001



Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Florida Department of State Katherine Harris Secretaty of State

RE: Linens for Professionals Only, Inc. #65-0190468 FEI #

To whom it may concern,

Please accept our check # 5112 in the amount of \$150.00 for our 2001 Uniform Business Report.

I respectfully request that you do not charge us a \$400.00 late fee as this <u>second</u> notice is the only one we have received this year, or we would have paid it promptly as we have for the entire history of this company.

Please check your records concerning our company to verify that we have never paid our bills late or bounced a check.

. I thank you for your consideration in this matter.

Sincerely,

Terry Goldman President

P.S. On August 21, 2001, I contacted your representative Ruth at 850 488-9000 and she suggested I write this letter.