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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 08, 2002 8:00 am **DOCUMENT #** L56349 Secretary of State LINENS FOR PROFESSIONALS ONLY, INC. 01-08-2002 90016 033 ***150.00 Principal Place of Business Mailing Address 7736-FAIRWAY BLVD. 7736 FAIRWAY BLVD. 900218 MIRAMAR FL 33023 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0190468 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GOLDMAN, TERRY** Street Address (P.O. Box Number is Not Acceptable) 7736 FAIRWAY BLVD. MIRAMAR FL 33023 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE □ Change ☐ Addition GOLDMAN, TERRY NAME NAME 7736 FAIRWAY BLD. STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition