

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90116 031 ***150.00

DOCUMENT # P02000135008

1. Entity Name
MATTHEW A. LINDE, P.A.



Principal Place of Business
1004 BUSCH BLVD.
TAMPA FL 33612

Mailing Address
1904 BUSCH BLVD.
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

126612
6661 New Brittany Blvd. Suite, Apt. #, etc.

City & State
Fort Myers, FL
Zip 33907
Country Lee

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Fort Myers, FL
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4. FEI Number
8 52-2386988
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDE, MATTHEW A
1904 BUSCH BLVD.
TAMPA FL 33612

Name: 12661
Street Address (P.O. Box Number is Not Acceptable)
6661 New Brittany Blvd.
City: Fort Myers FL Zip Code 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: 3/4/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDE, MATTHEW A 1904 BUSCH BLVD. TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. 12661 New Brittany Blvd. Fort Myers, FL 33907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, 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

3/31/03 231 826 5745
Date Daytime Phone #

CR2E034 (10/02)