

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000003823**

1. Entity Name

LINTON TRUSS CORPORATION

Principal Place of Business

**1455 SW 4TH AVENUE
DELRAY BEACH FL 33444**

Mailing Address

**1455 SW 4TH AVENUE
DELRAY BEACH FL 33444-2274**

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

65-0546481

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

**LAZAROW, SELDAN A
19221 BOCA WEST DRIVE
UNIT 3181
BOCA RATON FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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, 2000 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 ☐ Delete
NAME **DPCS**
STREET ADDRESS **LAZAROW, SELDAN A**
CITY-ST-ZIP **19921 BOCA WEST DRIVE
BOCA RATON FL 33434**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **NICKLIN, ROBERT B**
CITY-ST-ZIP **1455 SW 4TH AVE.
DELRAY BEACH FL 33444**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **FEINTUCK, NORMAN**
CITY-ST-ZIP **4751 BOCAIRE BOULEVARD
BOCA RATON FL 33487**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLAPP, ANDY**
CITY-ST-ZIP **C/O 150 FEDERAL STREET
BOSTON MA 02110**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **COMEY, ROBERT A**
CITY-ST-ZIP **C/O 101 SECOND STREET SE
CEDAR RAPIDS IA 52401**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **RITTER, JOHN**
CITY-ST-ZIP **C/O 100 PEARL STREET
HARTFORD CT 06103**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert B. Nicklin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90017 029 ***150.00

C0009522

DO NOT WRITE IN THIS SPACE

JAN 24 2000