

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90157 036 \*\*\*158.75

**DOCUMENT # V29149**

1. Entity Name

**GERALD E. LINDEN, P.A.**

Principal Place of Business

**12925 LAROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410-1406  
US**

Mailing Address

**12925 LAROCHELLE CIRCLE  
PALM BEACH GARDENS FL 33410-1406  
US**

2. Principal Place of Business

**12925 La Rochelle Circle**

3. Mailing Address

**12925 La Rochelle Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**59-3118074**

Applied For

Not Applicable

Zip

**33410-1406**

Country

**U.S.**

Zip

**33410-1406**

Country

**U.S.**

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

**LINDEN, GERALD E**

**12925 LA ROCHELLE CIR**

**WEST PALM BEACH FL 33410-1406**

**PALM BEACH GARDENS, FL 33410-1406**

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, 2002 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 | NAME                            | STREET ADDRESS | CITY-ST-ZIP |
|-------|---------------------------------|----------------|-------------|
|       | <b>PD</b>                       |                |             |
|       | <b>LINDEN, GERALD E</b>         |                |             |
|       | <b>12925 LA ROCHELLE CIR</b>    |                |             |
|       | <b>WEST PALM BEACH FL 33410</b> |                |             |
|       | <b>PALM BEACH GARDENS</b>       |                |             |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|----------------|-------------|
|       |      |                |             |
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

561-694-2094

Date

Daytime Phone #

CR2E034 (9/01)