

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90116 022 \*\*\*150.00

0676980  
FP

**DOCUMENT # 548495**

1. Entity Name  
**JOE LIN, INC.**



Principal Place of Business  
~~628 GEORGE TOWN DR~~  
C/O FRIED  
CASSELBERRY FL 32707

Mailing Address  
*4 Escondido Circle*  
~~628 GEORGE TOWN DR~~  
C/O FRIED  
CASSELBERRY FL 32707  
*Altamonte Springs, Fla 32701*

*same as →*



2. Principal Place of Business

3. Mailing Address,  
**4 ESCONDIDO CIRCLE #96**  
Suite, Apt. #, etc.  
**ALTAMONTE SPRINGS**  
City & State  
**FLA. 32701**

Suite, Apt. #, etc.

City & State

Zip Country  
**32701 SEMINOLE**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1790264** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**FRIED, JOSEPH**  
~~1107-17592~~  
~~CORN PARK FL 32730~~  
*SAME AS ABOVE*

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b> <b>FRIED, JOSEPH</b> <del>628 GEORGETOWN DR</del> <del>CASSELBERRY FL</del> <i>4 Escondido Circle #96</i> <i>Altamonte Sp. Fla. 32701</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>ZLATKISS, JERROD</b> <del>628 GEORGETOWN DR</del> <del>CASSELBERRY FL</del> <i>same as above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

CRZE034 (10/02)