

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

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*



2. Principal Place of Business

3. Mailing Address

4 ESCONDIDO CIRCLE #96
Suite, Apt. #, etc.
ALTAMONTE SPRINGS

City & State
FLA. 32701

Zip
32701

Country
SEMINOLE

4. FEI Number **59-1790264**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FRIED, JOSEPH
~~11001 17592~~
~~CEPAL PARK FL 32730~~

SAME AS ABOVE

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	D FRIED, JOSEPH 628 GEORGETOWN DR <i>4 Escondido Circle #96</i> CASSELBERRY FL <i>Altamonte Sp. Fla. 32701</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZLATKISS, JERROD 628 GEORGETOWN DR <i>same as above</i> CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)