

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90044 009 \*\*\*150.00

0487301 AV

**DOCUMENT # 645050**

1. Entity Name  
**LINN CONSTRUCTION, INC.**

Principal Place of Business

~~7043 OVERLOOK DR.~~  
**FT. MYERS FL 33919**

Mailing Address

~~7043 OVERLOOK DR.~~  
**FT. MYERS FL 33919**

2. Principal Place of Business

**5691 Harborage Dr.**

3. Mailing Address

**5691 Harborage Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft Myers FL**

City & State

**Ft Myers FL**

4. FEI Number

**59-1966373**

Applied For

Not Applicable

Zip

**33908**

Country

Zip

**33908**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINN, HERBERT D**

**7043 OVERLOOK DRIVE 5691 Harborage Dr.**  
**FORT MYERS FL 33907 33908**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>LINN, HERBERT D</b>	
STREET ADDRESS	<b>7043 OVERLOOK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>LINN, MARY J</b>	
STREET ADDRESS	<b>7043 OVERLOOK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5691 Harborage Dr.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5691 Harborage Dr.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Herbert D Linn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-27-02 941-481-6642**

CR2E034 (9/01)