

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F010000006546

1. Entity Name

Linear Coaters, Inc

FILED

02 NOV -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 395

3. Mailing Address

2825 Breckinridge Blvd.

Suite, Apt. #, etc.

Suite 100

DO NOT WRITE IN THIS SPACE

City & State

Midland, GA

City & State

Duluth, GA

4. FEI Number

58-2659069

Applied For

Not Applicable

Zip

31820

Country

USA

Zip

30096

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bill Bailey

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

1419 NW 65th Avenue

City

Ft. Lauderdale

FL

Zip Code

33313

**DO NOT WRITE
IN THIS SPACE**

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

N/A Retained

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Required 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Chief Executive Officer
Bradford J. Raffensperger
7701 Chattsworth Road
Columbus, GA 31820

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chief Financial Officer
Bradford J. Raffensperger
7701 Chattsworth Road
Columbus, GA 31820

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Bradford J. Raffensperger
7701 Chattsworth Road
Columbus, GA 31820

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: B. Raff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02 (770) 921-5500

DATE

Daytime Phone #

CR2E034B (12/01)

js 11/12/02