

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90058 039 ***150.00

DOCUMENT # F98000005561

1. Entity Name

LINED VALVE COMPANY, INC.

Principal Place of Business

Mailing Address

**12312 NE WHITAKER WAY
PORTLAND OR 97230****12312 NE WHITAKER WAY
PORTLAND OR 97230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **93-1144692**

Applied For

Not Applicable

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

**HANSEN, JON
10333 SE 110TH AVE UNIT 1
OCALA FL 34472**

Name

JAMES B. GREEN

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

10333 SE 110TH AVE, UNIT 1

City

OCALA**FL**

Zip Code

34472

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

James B. Green

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-019. 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, 2001 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	Change	Addition
	P			<input type="checkbox"/> Delete	
	BOWMAN, JEFFREY M	12312 NE WHITAKER WAY	PORTLAND OR 97230		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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

Date

Daytime Phone #

2/9/01**503-251-2171**

CR2E034 (10/00)