

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90661 027 ***158.75

DOCUMENT # G76819

1. Entity Name
LINEAR POWER SYSTEMS, INC.



Principal Place of Business
**531 MINOR AVE N E
PALM BAY FL 32907**

Mailing Address
**PO BOX 60570
PALM BAY FL 32906**



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 **59-2391950**

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

7. Name and Address of New Registered Agent

**SULLIVAN, JOHN E
531 MINOR AVE N E
PALM BAY FL 32907**

Name **SULLIVAN John E.**

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

409 Longhorn Drive

City **RIVER RANCH FL** Zip Code **33867**

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

John E. Sullivan

1/10/2003
DATE

(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 **P** ☐ Delete
NAME **SULLIVAN, JOHN E**
STREET ADDRESS **531 MINOR AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **P** ☒ Change ☐ Addition
NAME **SULLIVAN John E**
STREET ADDRESS **409 Longhorn Drive**
CITY-ST-ZIP **RIVER RANCH FL 33867**

TITLE **VP** ☐ Delete
NAME **SULLIVAN, DEBORAH A**
STREET ADDRESS **531 MINOR AVE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **VP** ☒ Change ☐ Addition
NAME **SULLIVAN, Deborah A**
STREET ADDRESS **409 Longhorn Drive**
CITY-ST-ZIP **RIVER RANCH, FL 33867**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Sullivan **1/10/03** **321-984-0518**
Date Daytime Phone #

CR2E034 (10/02)