

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90112 001 *****8.75
 01-24-2002 90112 002 ***150.00

DOCUMENT # J04516

1. Entity Name
LINDA'S DECOR, INC.

Principal Place of Business

**600 SE 59TH ST
 Ocala FL 34480
 US**

Mailing Address

**600 SE 59TH ST
 Ocala FL 34480
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SAMUELS, LINDA R
 600 SE 59TH ST
 Ocala FL 34480**

Name

Street Address (F

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

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

(NOTE: Registered Agent signature required)

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**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SAMUELS, LINDA R**
 STREET ADDRESS **600 SE 59TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE **V** ☐ Delete
 NAME **SAMUELS, LINDA R**
 STREET ADDRESS **600 SE 59TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE **S** ☐ Delete
 NAME **SAMUELS, LINDA R**
 STREET ADDRESS **600 SE 59TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda R. Samuels

1-7-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

NOTICE:
 WRONG FEI #
 Correct # is
 59-2510854

CR2E034 (9/01)