

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90116 029 ***150.00

DOCUMENT # J08240
 Entity Name
LINN UNIFORMS OF FLORIDA, INC.

Principal Place of Business Mailing Address
 E. COLONIAL DRIVE 4601 W. COMANCHE AVENUE
 TAMPA FL 32803 TAMPA FL 33614-5429

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2660567** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THOMAS, RUSSELL
 100 NORTH TAMPA STREET
 STE 3500
 TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **TAMARA CARMICHAEL, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
201 SOUTH BISCAYNE BLVD
SUITE 3000
 City **MIAMI** FL Zip Code **33131**

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.

Tamara Carmichael, P.A.
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD LINN, STEPHEN D. 14511 ANCHORET RD. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LINN, STEPHEN D. 4601 WEST COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D LINN, CONSTANCE E. 14511 ANCHORET RD. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D LINN, CONSTANCE E. 4601 WEST COMANCHE AVE. TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD LINN, JEFFREY N. 14511 ANCHORET RD TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD LINN, JEFFREY N. 4601 WEST COMANCHE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D LINN, CRAIG 4601 W COMANCHE AVE TAMPA FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 furnished 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: *Jeffrey N. Linn* 4-4-00 813-249-2525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)