

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Linn Uniforms of Clearwater, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

24103 U.S. ROUTE 19 NORTH

3. Mailing Address

4601 W. Comanche Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Tampa, FL

Zip

Country

34623

Pineellas

Zip

33614

Country

Hillborough

4. FEI Number

59-2784771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered 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)

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Linn Stephen
STREET ADDRESS	4601 W. Comanche Ave
CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Linn, Constantine
STREET ADDRESS	4601 W. Comanche Ave
CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Linn, Jeffrey W.
STREET ADDRESS	4601 W. Comanche Ave
CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Linn Craig
STREET ADDRESS	4601 W. Comanche Ave
CITY-ST-ZIP	Tampa, FL 33614
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4400

813-249-2525

Date

Display Phone #