

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90013 010 \*\*\*150.00

**DOCUMENT # J61540**

1. Entity Name

**LINN UNIFORMS OF CLEARWATER, INC.**

Principal Place of Business

Mailing Address

24103 US ROUTE 19 NORTH  
 CLEARWATER FL 34623  
 US

4601 US COMANOLE AVE  
 TAMPA FL 32614

2. Principal Place of Business

3. Mailing Address

4601 W. COMANCHE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2784771**

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

CARMICHAEL, TAMARA P.A  
 201 SOUTH BISCAYNE BLVD  
 STE 3000  
 MIAMI FL 33131

Name

R. Alan Higbee / Fowler White et al

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

501 East Kennedy Blvd.

Suite 1700

City

Tampa

FL

Zip Code  
 33602

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 Fowler White et al. By: R. Alan Higbee  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/01

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, 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 ☐ Delete  
 NAME D  
 STREET ADDRESS LINN, STEPHEN  
 CITY-ST-ZIP 4601 W. COMANCHA AVE  
 TAMPA FL 33614

TITLE ☒ Change ☐ Addition  
 NAME LINN, STEPHEN D.  
 STREET ADDRESS 4601 W. Comanche Ave.  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LINN, CONSTANCE  
 CITY-ST-ZIP 4601 W. COMMANAHA AVE  
 TAMPA FL 33614

TITLE ☒ Change ☐ Addition  
 NAME LINN, CONSTANCE E.  
 STREET ADDRESS 4601 W. Comanche Ave.  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LINN, JEFFREY N.  
 CITY-ST-ZIP 4601 W. COMMZANCHE AVE  
 TAMPA FL 33614

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 4601 W. Comanche Ave.  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LINN, CRAIG  
 CITY-ST-ZIP 4601 W. COMANCHE AVE  
 TAMPA FL 33614

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEFFREY N. LINN 3-5-01 813/244-2525

CR2E034 (10/00)