

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90069 044 ***150.00

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DOCUMENT # J61540

1. Entity Name

LINN UNIFORMS OF CLEARWATER, INC.



Principal Place of Business

**24103 US ROUTE 19 NORTH
CLEARWATER FL 34623
US**

Mailing Address

**4601 US COMANCHE AVE
TAMPA FL 32614**

2. Principal Place of Business

2472 GULF TO BAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-2784771

Applied For

Not Applicable

Zip

33765

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**R. ALAN HIGBEE / FOWLER WHITE ET AL
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE **D** ☐ Delete
NAME **LINN, STEPHEN D**
STREET ADDRESS **4601 W COMANCHE AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Delete
NAME **LINN, CONSTANCE E**
STREET ADDRESS **4601 W COMANCHE AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

(813) 244-2525

Date

Daytime Phone #

CR2E034 (10/02)