Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # J79752** 1. Entity Name LINAS, INC. Principal Place of Business Mailing Address 7501 GULF BV 7501 GULF BV ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 62-1912945 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIEZELIS, JOSEPH A. Street Address (P.O. Box Number is Not Acceptable) 7501 GULF BV ST PETE BCH FL 33706 City

FILED Feb 05, 2001 8:00 am Secretary of State

02-05-2001 90024 009 ***150.00



DO NOT WRITE IN THIS SPACE

| | | 14 | | | | |
|--|---|---|---|-------------------------------|-------------------|------------|
| 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 | | | | | | |
| Tax filing requirement and elects to do so. After MAY 1, 2001 | | FEE IS \$150.00 Fee will be \$550.00 to Department of State | 10. Election Campaign Financing Trust Fund Contribution. | | May Be to Fees | |
| 11. OFFICERS AND DIRECTORS | | | 12. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MIEZELIS, JOSEPH A. 7501 GULF BV ST. PETE BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RADVIL, ZIGMANTAS S. 7501 GULD BV ST. PETE BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CESNA, ALDONA L. 7501 GULF BV ST. PETE BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MIEZELIS, DOROTHY K. 7501 GULF BV ST PETE BCH FL | 🔀 Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , , , , | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RADVIL, HELEN 7501 GULF BV ST PETE BCH FL | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | Addition |
| 13. 1 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 specific respect as if made under cath; 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 OPPRINTED NAME OF SIGN

Miezelis UD