

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90264 047 \*\*\*150.00

**DOCUMENT # J79752**

1. Entity Name  
**LINAS, INC.**

Principal Place of Business  
**559 PARK ST. S.**  
**ST. PETERSBURG FL 33707**  
**US**

Mailing Address  
**559 PARK ST. S.**  
**ST. PETERSBURG FL 33707**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**62-1912945**

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

**MIEZELIS, JOSEPH A.**  
**7501 GULF BV**  
**ST PETE BCH FL 33706**

7. Name and Address of New Registered Agent

Name **Joseph A. Miezalis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**559 Park St So.**  
 City **St Petersburg** FL Zip Code **33707**

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 *Joseph A. Miezalis, President* DATE **1-4-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MIEZELIS, JOSEPH A.	
STREET ADDRESS	7501 GULF BV	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RADVIL, ZIGMANTAS S.	
STREET ADDRESS	7501 GULF BV	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CESNA, ALDONA L.	
STREET ADDRESS	7501 GULF BV	
CITY-ST-ZIP	ST. PETE BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RADVIL, HELEN	
STREET ADDRESS	7501 GULF BV	
CITY-ST-ZIP	ST PETE BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Miezalis	
STREET ADDRESS	559 Park St So.	
CITY-ST-ZIP	St Petersburg, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aldona L. Cesna	
STREET ADDRESS	559 Park St So.	
CITY-ST-ZIP	St Petersburg, FL 33707	
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		

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: *Joseph A. Miezalis, President* DATE **1-4-02** (727) 347-0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)