

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0310309 AV

03-20-2002 90061 025 ***150.00

DOCUMENT # **L25274**
 1. Entity Name
LIN-LAINE, INC.

Principal Place of Business % JOAN FREEMAN 3351 E OAKLAND PK BLVD FT LAUDERDALE FL 33308	Mailing Address % JOAN FREEMAN 3351 E OAKLAND PK BLVD FT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 105 LAKE EMERALD DR. Suite, Apt. #, etc. # 411	3. Mailing Address P.O. Box 9381 Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL.	City & State FT. LAUDERDALE FL.	4. FEI Number 65-0155463	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 33309	Country BROWARD	Zip 33310-9381	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREEMAN, JOAN
3351 E OAKLAND PK BLVD
FT LAUDERDALE FL 33308

7. Name and Address of Registered Agent
 Name **JOAN FREEMAN**
 Street Address (P.O. Box Number is Not Acceptable)
105 LAKE EMERALD DR #411
 City **FT LAUDERDALE FL** Zip Code **33309**

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 *Joan Freeman* DATE **3/7/02**
(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 NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, FRANK 3351 E OAKLAND PK BLVD FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREEMAN, JOAN 3351 E OAKLAND PK BLVD FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLINGER, LEE WILLIAM 562 OLD CASCADE RD ULM MT 59485 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FREEMAN, FRANK 105 LAKE EMERALD DR #411 FT LAUDERDALE FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREEMAN, JOAN 105 LAKE EMERALD DR #411 FT. LAUDERDALE FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan Freeman* DATE **3/7/02** DAYTIME PHONE # **954-739-2704**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)