

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002227

1. Entity Name

LINNY CONNER CONSULTING, LC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -5 AM 10: 02

Principal Place of Business

Mailing Address

165 SABEL LANE  
MULBERRY FL 33860

165 SABEL LANE  
MULBERRY FL 33860



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

98 WINDSOR LANE

98 WINDSOR LANE

City & State

City & State

MULBERRY, FL

MULBERRY, FL

Zip

Country

Zip

Country

33860

POK

33860

POK

4. FEI Number

59-3539416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CONNER, LINWOOD A JR.  
165 SABEL LANE  
MULBERRY FL 33860

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CONNER, LINWOOD A JR.  
165 SABEL LANE  
MULBERRY FL 33860 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CONNER, JUDY A  
165 SABEL LANE  
MULBERRY FL 33860 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003390262--6  
-09/12/00--01071--023  
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TITLE  
NAME  
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CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/19/00 863-869-8057

Date

Daytime Phone #

CR2E083 (5/00)