2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002626

1. Entity Name
LINEBAUGH SHELDON, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:17

Principal Place of Business	Mailing Address
3805 WEST SAN NICHOLAS TAMPA FL 33629	P.O. BOX 18445 TAMPA FL 33609-2849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3641 N. KENNEDY BLVD.	3641 W. KENNEDY BLVD.
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc. SUITE A
City & State TAMPA, FL	City & State TAMPA, FL
Zip: 33609 Country: U.S.A.	Zip: 33609 Country: U.S.A.

4. FEI Number 59-3574580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILIN, LAWRENCE J 401 EAST JACKSON STREET, SUITE 2200 TAMPA FL 33602	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.

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 $50.00
Make Check Payable to Department of State

mf 3/2/00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM AR-JOY OF TAMPA, INC. 1200 SHEPPARD AVE., EAST SUITE 101 WILLOWDALE ONTARIO CANADA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3641 N. KENNEDY BLVD. SUITE A TAMPA, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM FOURSOME PROPERTIES, INC. P.O. BOX 18445 TAMPA FL 33679-8445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3641 W. KENNEDY BLVD. SUITE A TAMPA, FL 33609
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900003161269--1 -03/07/00--01099--020 *****50.00 *****0.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED 2/18/00 (813) 353-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #