

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M25078**

1. Entity Name

LINEAL PUBLISHING COMPANY**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90022 018 ***150.00

Principal Place of Business

**306 EAGLE DRIVE
JUPITER FL 33477
US**

Mailing Address

**306 EAGLE DRIVE
JUPITER FL 33477
US****943083**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2614023**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LINEAL, LOIS
306 EAGLE DRIVE
JUPITER FL 33477**

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 _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DPT** ☐ Delete
NAME **LINEAL, IRV**
STREET ADDRESS **306 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVS** ☐ Delete
NAME **LINEAL, LOIS**
STREET ADDRESS **306 EAGLE DRIVE**
CITY-ST-ZIP **JUPITER FL 33477**TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Lois Lineal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS LINEAL**4/5/01**

Date

561-746-5566

Daytime Phone #

CR2E034 (10/00)