

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**  
 01-24-2002 90001 006 \*\*\*150.00

**DOCUMENT # M81823**

1. Entity Name  
**LINECO INCORPORATED**

Principal Place of Business

**C/O DARREL ZBAR  
 PO BOX 221972  
 HOLLYWOOD FL 33020**

Mailing Address

**C/O DARREL ZBAR  
 PO BOX 221972  
 HOLLYWOOD FL 33020  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**C/o Darrel Zbar  
 Suite, Apt. #, etc.  
 PO Box 630**

3. Mailing Address

**C/o Darrel Zbar  
 Suite, Apt. #, etc.  
 PO Box 630**

City & State

**Hollywood FL**

City & State

**Hollywood FL**

Zip

**33022**

Country

**USA**

Zip

**33022**

Country

**USA**

4. FEI Number

**65-0148483**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ZBAR, DARREL  
 1801 POLK ST.  
 SUITE 630  
 HOLLYWOOD FL 33022**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	<b>PD SPECHLER, BRENT PO BOX 22172 HOLLYWOOD FL 33020</b>	<input checked="" 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
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	<b>Darrel Zbar President, PO Box 630 Director Hollywood FL 33022</b>	<input type="checkbox"/> Change <input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

2/26/01  
CORPORATE DETAIL RECORD SCREEN 12:34 PM  
Doc # 808042  
Doc # 1481823  
ST:FL ACTIVE/FL PROFIT FLD: 05/16/1988  
FLD: 12/31/1990  
LAST: REINSTATEMENT  
FEI#: 65-0148483  
NAME : LINECO INCORPORATED  
PRINCIPAL: C/O DARREL ZBAR CHANGED: 03/06/99  
ADDRESS PO BOX 221972  
HOLLYWOOD, FL 33020  
MAILING : C/O DARREL ZBAR CHANGED: 03/06/99  
ADDRESS PO BOX 221972  
HOLLYWOOD, FL 33020 US  
NAME : ZBAR, DARREL  
ADDRESS : 1801 POLK ST.  
SUITE 630  
HOLLYWOOD, FL 33022 US  
ANN REP : (1999) A 03/06/99 (2000) A 03/30/00 (2001) A 06/14/01

2/26/01 OFFICER/DIRECTOR DETAIL SCREEN 12:34 PM  
CORP-NUMBER: M81823 CORP NAME: LINECO INCORPORATED  
TITLE: PD NAME: SPECHLER, BRENT  
PO BOX 22172  
HOLLYWOOD, FL 33020

NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP, 4. EVENTS  
5. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR:



Attachment

808042

Doc# M81823

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 26, 2001

LINECO INCORPORATED  
C/O DARREL ZBAR  
PO BOX 630  
HOLLYWOOD, FL 33022 US

SUBJECT: LINECO INCORPORATED  
Ref. Number: M81823

We have received your document for LINECO INCORPORATED, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

If you are trying to file your 2002 uniform business report, resubmit after January 1, 2002. Your document must accompany the filing fee (\$150.00).

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 901A00067046