

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90016 012 \*\*\*150.00

**DOCUMENT # M90837**

1. Entity Name  
**LIN GARDEN, INC.**

Principal Place of Business  
 9233 N. 56TH STREET  
 TEMPLE TERRACE FL 33617

Mailing Address  
 9233 N. 56TH STREET  
 TEMPLE TERRACE FL 33617



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

**59-2901122**

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

**ALTENHOFF, NORMAN R**  
**% FINANCIAL SERVICES COMPANY**

~~13037 GULF BLVD SUITE 100~~  
~~MADEIRA BEACH FL 33708~~

**8226 W. GULF Blvd #4**  
**Treasure Island, FL**  
**33706**

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PHUONG DINH LY</b>	
STREET ADDRESS	<b>8720 MCADAM PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NGA TO HUYNH</b>	
STREET ADDRESS	<b>8720 MCADAM PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE		<input checked="" type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phuong Dinh Ly* **RECEIVED** PRESIDENT (NGA TO HUYNH) 02/15/02 (813) 988-2750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)