

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099031

1. Entity Name  
LINJOEAL, INC.

Principal Place of Business  
6000 SUMMER HILL COURT  
SAFETY HARBOR FL 34695

Mailing Address  
6000 SUMMER HILL COURT  
SAFETY HARBOR FL 34695

2. Principal Place of Business  
8727 GUNN HWY  
Suite, Apt. #, etc.

3. Mailing Address  
8727 GUNN HWY  
Suite, Apt. #, etc.

City & State  
ODESSA FL.

City & State  
ODESSA FL.

4. FEI Number  
59-3679249

Applied For  
Not Applicable

Zip  
33556

Country  
Hillsborough

Zip  
33556

Country  
Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SUNNE, KENNETH A  
SUNNE & LOCKE, P.A.  
1151 N.E. CLEVELAND STREET  
CLEARWATER FL 33755

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

## 7. Name and Address of New Registered Agent

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, if not printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-12-01

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 P ☐ Delete  
NAME FRANCH-HARNS, LINDA M  
STREET ADDRESS 6000 SUMMER HILL COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE STD ☐ Delete  
NAME TENUTA, JOSEPH S  
STREET ADDRESS 2023 HIGHRISE DRIVE  
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8727 GUNN HWY  
CITY-ST-ZIP ODESSA FL 33556

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8727 GUNN HWY  
CITY-ST-ZIP ODESSA FL 33556

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

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 26 AM 9:30



REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

0102040 AV

CR2E034 (5/01)

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-12/10/01--0114-01  
\*\*\*\*750.00 \*\*\*\*750.00

7-1F-01 813-792-9602