

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90087 040 ***550.00

DOCUMENT # P01000012315

1. Entity Name
LINEAR INSURANCE, INC.

Principal Place of Business

**1906 S FLORIDA AVE
 LAKELAND FL 33803**

Mailing Address

**1906 S FLORIDA AVE
 LAKELAND FL 33803**

2. Principal Place of Business

737 S MISSOURI AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2115

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3712351

Applied For

Not Applicable

Zip

Country

33815 FLK

Zip

Country

33806 FLK

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JARRIN ROBERTS, DENISE
 1906 S FLORIDA AVE
 LAKELAND FL 33803**

*CHANGE
 OF ADDRESS
 and Fee
 Payment*

7. Name and Address of New Registered Agent

Name **JARRIN ROBERTS, DENISE**

Street Address (P.O. Box Number is Not Acceptable)

737 S MISSOURI AVE

City **LAKELAND**

FL

Zip Code **33815**

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

Denise Roberts
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/27/02

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, 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

TITLE **D** ☐ Delete
 NAME **JARRIN ROBERTS, DENISE**
 STREET ADDRESS **1906 S FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
 CITY-ST-ZIP

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

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 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:

Denise Roberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 772-770-1334
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

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COPY

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Mailing Address

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Country

Folk

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1906 S FLORIDA AVE
LAKELAND FL 33803**

*Location
Address
+ mailing address
Correction*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/02 772-770-1334