

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90356 019 ***150.00

DOCUMENT # **P01000034571**

1. Entity Name

LINDA M. DILLON, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6813 FOUNTAIN AVE

Suite, Apt. #, etc.

3. Mailing Address

6813 FOUNTAIN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3710575

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33634

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARL T. WATKINS

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

5103 MEMORIAL HWY

City

TAMPA

FL

Zip Code

33634

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D/P
LINDA M. DILLON
6813 FOUNTAIN AVE
TAMPA-FL 33634

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02

Date

813-243-8692

Daytime Phone #

CR2E034B (12/01)

Attachments

#PO-1.000034571

120830

7/11/02

I spoke with Madeline today.
I did not receive the notice
mailed in January or the
notice mailed at the end of
June. She ask me to send
the form & check for \$150.00.
There would be no fee due to
the fact I did not receive either
notice.

Thank You
V. ind. O'Brien