

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0081801

DOCUMENT # P01000121293

1. Entity Name
LINERS PLUS, INC.



04/18/03 9045 007
03 AUG 18 PM 1:28 #150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8862 ESTATES DRIVE
WEST PALM BEACH FL 33411

Mailing Address
8862 ESTATES DRIVE
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

90-0017169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, PATRICIA
8862 ESTATES DRIVE
WEST PALM BEACH FL 33411

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME Jerry HASTINGS
STREET ADDRESS 8862 Estate DR
CITY-ST-ZIP West Palm Beh, FL 33411

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PRES.
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Hastings

8/15/03 501-791-9036

CR2E034 (4/03)

Liners Plus, Inc.

8862 Estate Drive
West Palm Beach, FL 33411
561-791-9036
561-791-9032 Fax

August 15, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

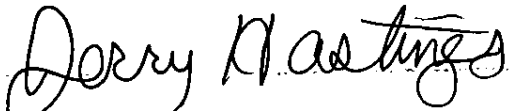
Re: P01000121293

Dear Sir or Madam:

Per my conversation with Ruby of your office today, enclosed please find my completed Uniform Business Report which updates Officer information from my previous filing. I did not receive your request for additional information and, therefore, respectfully request abatement of the additional fee.

Thank you for consideration of this request.

Very truly yours,


Jerry Hastings

Encl.