

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000026506**

1. Entity Name  
**LINDAU CHEVRON, INC.**



Principal Place of Business  
**6402 US HWY 30 N  
ELLENTON FL 34222**

Mailing Address  
**6402 US HWY 30 N  
ELLENTON FL 34222**

2. Principal Place of Business  
**6402 U.S.Hwy 301 N**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**ELLENTON**

City & State

Zip **FL** Country **MANTLE**

Zip **34222** Country

4. FEI Number

**010624378**

Applied For

Not Applicable

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

**LINDAU, DAVID K  
6402 US HWY 30 N  
ELLENTON FL 34222**

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

*David K. Lindau* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/24/03* 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**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDAU, BARRY T 6402 US HWY 30 N ELLENTON FL 34222</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINDAU, CANDICE A 6402 US HWY 30 N ELLENTON FL 34222</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LINDAU, DAVID K 6402 US HWY 30 N ELLENTON FL 34222</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LINDAU, ETOLA V. 1637 COUNTRY WALK DR JACKSONVILLE, FL 32203</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC/TREAS.</b> <b>LINDAU, DEBORAH G. 12950 CARLTON ARMS CIR BRADENTON, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <b>LINDAU, JEFFERY H. 442 RIVERMOOR DR WATERFORD, WI 53185</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David K. Lindau* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/22/03 941-812-3140*

Date

Daytime Phone #

July 22, 2003

Attachment

90150886

to whom it may concern,

# P02000024506

We never received any PMS notices of  
this report - Could be because the address  
was wrong -

Dan P. Kurlan, V. President