

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90109 021 ***150.00

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DOCUMENT # P02000127634

1. Entity Name

LINDA M. DRIGGS INC.



Principal Place of Business

8729 MISTY CREEK DR
SARASOTA FL 34241

Mailing Address

8729 MISTY CREEK DR
SARASOTA FL 34241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0812814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRIGGS, LINDA M
8729 MISTY CREEK DR
SARASOTA FL 34241

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DRIGGS, LINDA M
STREET ADDRESS 8729 MISTY CREEK DR
CITY-ST-ZIP SARASOTA FL 34241

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Linda M. Driggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 22, 2003

941-374-2920

Date

Daytime Phone #

CR2E034 (4/03)

all at chmmt

80140480
P02000127639

LINDA M. DRIGGS, INC.

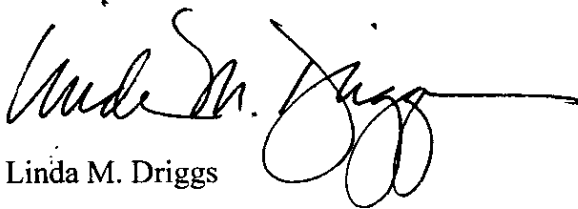
8729 Misty Creek Drive
Sarasota, FL 34241
941-922-1459
941-374-2920

— August 22, 2003 —

Greetings Division of Corporations,

This is the first notice that I received regarding the filing for my business. I am not one to neglect or forget such an important part of my business but I did not receive any prior notification. I have enclosed a check for the amount deemed necessary if filed during the period of January 1 through May 1st. Please accept my sincere apologizes for this delinquency. I will call next year during early part, if I do not receive this in a timely manner.

Sincerely,


Linda M. Driggs