

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90094 018 \*\*\*150.00

**DOCUMENT # P93000031022**

1. Entity Name  
**LINDER ROOFING, INC.**

Principal Place of Business

**3326 EISENHOWER DR  
HOLIDAY FL 34691  
US**

Mailing Address

**3326 EISENHOWER DR  
HOLIDAY FL 34691  
US**

2. Principal Place of Business

**1288 Bay Harbor Dr.**

Suite, Apt. #, etc.  
**# 103**

City & State  
**Palm Harbor, FL**

Zip  
**34685**

Country  
**US**

3. Mailing Address

**1288 Bay Harbor Dr.**

Suite, Apt. #, etc.  
**# 103**

City & State  
**Palm Harbor, FL**

Zip  
**34685**

Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3179375**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LINDER, JOHN J  
3326 EISENHOWER DR  
HOLIDAY FL 34691**

7. Name and Address of New Registered Agent

Name  
**Linder, John J.**

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

**1288 Bay Harbor Dr. #103**

**# 103**

**Palm Harbor**

FL

Zip Code  
**34685**

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

*John J. Linder* **John J. Linder, President 4-30-02**

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) ☐

**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  
**PT**  
NAME  
**LINDER, JOHN J.**  
STREET ADDRESS  
**3326 EISENHOWER DR**  
CITY-ST-ZIP  
**HOLIDAY FL**

☐ Delete

TITLE  
**VP**  
NAME  
**LINDER, DANIEL J.**  
STREET ADDRESS  
**1836 CARLTON DR.**  
CITY-ST-ZIP  
**CLEARWATER FL**

☐ Delete

TITLE  
**VPS**  
NAME  
**LINDER, ROBERT F.**  
STREET ADDRESS  
**3227 MARIGOLD DR.**  
CITY-ST-ZIP  
**CLEARWATER FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PT**  
NAME  
**Linder, John J.**  
STREET ADDRESS  
**1288 Bay Harbor Dr. #103**  
CITY-ST-ZIP  
**Palm Harbor, FL 34685**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*John J. Linder* **John J. Linder 4-30-02 (727) 772-6201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)