

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081541

1. Entity Name

LINDAHL CONSTRUCTION, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90250 043 \*\*\*150.00

Principal Place of Business

503 -72ND ST  
HOLMES BEACH FL 34217  
US

Mailing Address

P O BOX 1276  
HOLMES BEACH FL 34217  
US

100100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0450579

Applied For

Not Applicable

Zip

Country

Zip

Country

34218

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

LINDAHL, STEVEN M

503 -72ND ST

CORTEZ FL 34215

Holmes Beach, FL 34217

Name

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

City

Holmes Beach

FL

Zip Code

34217

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, STEVEN M	
STREET ADDRESS	503 72ND ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, SANDRA K	
STREET ADDRESS	503 72ND ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, LUKE	
STREET ADDRESS	503 72ND ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, ADAM	
STREET ADDRESS	503 72ND ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDAHL, KATIE	
STREET ADDRESS	503 72ND ST	
CITY - ST - ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Sandra K. Lindahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2001

Date

941-779-9434

Daytime Phone #

CR2E034 (10/00)