

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90161 045 ***150.00

DOCUMENT # P94000036359

1. Entity Name
LINEAL TECHNICAL DESIGN, INC.



Principal Place of Business
**4010 GLEN GARRY ROAD EAST
LAKELAND FL 33813**

Mailing Address
**4010 GLEN GARRY ROAD EAST
LAKELAND FL 33813**

2. Principal Place of Business

4010 GLEN GARRY Rd E

3. Mailing Address

4010 GLEN GARRY Rd E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33813

Country

POIK

Zip

33813

Country

POIK

4. FEI Number **59-3242291**

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

**SHIVERS, NEAL P
4010 GLEN GARRY ROAD EAST
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. 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 **Linda E Shivers**

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

Linda E Shivers

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **SHIVERS, NEAL P**
STREET ADDRESS **4010 GLEN GARRY ROAD EAST**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **S** ☐ Delete
NAME **SHIVERS, LINDA E**
STREET ADDRESS **4010 GLEN GARRY ROAD EAST**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VPS** ☐ Delete
NAME **SHIVERS, LINDA**
STREET ADDRESS **4010 GLEN GARRY RD E**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 E Shivers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date

863-644-4996

Daytime Phone #

CR2E034 (10/02)