

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**

**May 11, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90040 001 \*\*\*150.00

**DOCUMENT # P94000061276**

1. Entity Name

**LINDER-BROWN, INC.**

Principal Place of Business

Mailing Address

8571 S.E. DRIFTWOOD STREET  
HOBE SOUND FL 33455

8571 S.E. DRIFTWOOD STREET  
HOBE SOUND FL 33028-1696

2. Principal Place of Business

1460 S. Johnson Ferry Rd

3. Mailing Address

1460 S. Johnson Ferry Road

Suite, Apt. #, etc.

#114

Suite, Apt. #, etc.

#114

City & State

Atlanta, GA

City & State

Atlanta, GA

4. FEI Number

65-0525967

Applied For

Not Applicable

Zip

30319-0404

Country

USA

Zip

30319-0404

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, ARNOLD**  
8571 S.E. DRIFTWOOD STREET  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name  
**PAUL F. SMYTH, CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**712 U.S. HIGHWAY 1, SUITE 210**

City  
**NORTH PALM BEACH**

FL 33408

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

*Paul F Smyth*

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, 2000 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          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BROWN, ARNOLD</b>              |  |
| STREET ADDRESS | <b>8571 S.E. DRIFTWOOD STREET</b> |  |
| CITY-ST-ZIP    | <b>HOBE SOUND FL 33455</b>        |  |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>BROWN, JOAN</b>          |                                 |
| STREET ADDRESS | <b>8571 SE DRIFTWOOD ST</b> |                                 |
| CITY-ST-ZIP    | <b>HOBE SOUND FL</b>        |                                 |

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

|                |   |  |
|----------------|---|--|
| TITLE          |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Brown, Joan</b>                              |  |
| STREET ADDRESS | <b>1460 South Johnson Ferry Road Suite #114</b> |  |
| CITY-ST-ZIP    | <b>Atlanta, GA 30319-0404</b>                   |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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:

*Paul F Smyth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00

Date

Daytime Phone #

CR2F034 (9/99)