

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037006

1. Entity Name

LINLE, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90040 039 ***150.00

Principal Place of Business

Mailing Address

7108 14TH AVE EAST
TAMPA FL 33619

7108 14TH AVE EAST
TAMPA FL 33619-2924

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 **59-3331384**

Applied For

Not Applicable

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

LEHEUP, JEFFREY A ESQ
2701 W. BUSCH BLVD., #114
TAMPA FL 33618

Name **LEHEUP, JEFFREY A. ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
234 BULLARD PARKWAY
City **Temple Terrace FL** Zip Code **33617**

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) ☒

KLD OK # 2544
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LEHEUP, FRED J	725 BANNOCKBURN AVE.	TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	LEHEUP, NITA L	725 BANNOCKBURN AVE.	TEMPLE TERRACE FL 33617	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Fred J. LeHeup **FRED J. LEHEUP** **D. 1-31-2000** **813-988-3**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #