FILED

2002 UNIFORM BUSINESS REPORT (UBR)

GNATURE:

Feb 20, 2002 8:00 am P96000089241 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90136 048 ***150.00 LINGE CAPITAL MANAGEMENT, INC. Principal Place of Business Mailing Address SAN JOSE PLACE 1 SAN JOSE PLACE STE #29 STE #29 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 ÙS 2. Principal Place of Business 3. Mailing Address 8850 Goodby's Exec. Drive 8850 Goodbuis Exec. Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite City & State City & State 4. FEI Number Applied For 59-3409712 Jackson ville Jacksonvil Not Applicable \$8.75 Additional 5. Certificate of Status Desired Duval Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Linae -LINGE, JOHN Street Address (P.O. Box Number is Not Acceptable) 8850 Good by 5 Exec. Drive ONE SAN JOE PLACE --**STE 29** JACKSONVILLE FL 32257 City Jackson ville hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. IGNATURE (NOTE: Registered Agent signature required when reinstating) t and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 351 Change Delete ☐ Addition TITLE Linge Jr., John B. ME LINGE JR, JOHN B NAME 8850 Goodby's Exec. Drive Suite ONE SAN JOSE PLACE STE 29 REET ADDRESS STREET ADDRESS Y-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP Jacksonville. FL 32217 ☐ Change LE ☐ Delete TITLE ☐ Addition ME NAME STREET ADDRESS REET ADDRESS Y-ST-ZIP CITY-ST-7IP ☐ Change ĺΕ ☐ Delete TITLE Addition NAME REET ADDRESS STREET ADDRESS CITY-ST-7IP Y-ST-ZIP ☐ Change ☐ Addition İΕ ☐ Delete TITLE NAME REFT ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition MAME EET ADDRESS STREET ADDRESS Ŷ-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME EET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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 mpowered 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.