

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102570

1. Entity Name

LINVILLE & ADCOOK BILLING CORPORATION

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90225 025 ***150.00

Principal Place of Business

Mailing Address

610 CRESCENT EXEC CT
100
LAKE MARY FL 32746
US

P O BOX 950396
LAKE MARY FL 32795-0396
US

2. Principal Place of Business

1555 Saxon Blvd #404

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

4. FEI Number

59-3416918

Applied For

Not Applicable

Zip

32725

Country

Zip

Country

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

MORRISON, WILLIAM H ESQ.
7100 SOUTH U.S. HIGHWAY 17-92
FERN PARK FL 32730

Name

Linville, James J.

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

1565 Saxon Blvd. Ste 101

City

Deltona

FL

Zip Code

32725

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, 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 PD
NAME LINVILLE, JAMES J
STREET ADDRESS 1565 SAXON BLVD. SUITE 101
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

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

TITLE STD
NAME ADCOCK, K J
STREET ADDRESS 1565 SAXON BLVD. SUITE 101
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)