

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90162 014 ***150.00

DOCUMENT # **P97000001251**

1. Entity Name

~~SALLY LINDBERG, EA, INC.~~

SALLY LINDBERG & ASSOCIATES, INC



Principal Place of Business

**2842 FAIR GREEN DRIVE
CLEARWATER FL 33761
US**

Mailing Address

**2842 FAIR GREEN DRIVE
CLEARWATER FL 33761
US**

2. Principal Place of Business

29605 - US Hwy 19 No.

3. Mailing Address

29605 - US Hwy 19 No

Suite, Apt. #, etc.

Suite # 260

Suite, Apt. #, etc.

Suite # 260

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33761

Country

PINELLAS

Zip

33761

Country

PINELLAS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3434240

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDBERG, SALLY
2842 FAIR GREEN DRIVE
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

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 **P** ☐ Delete
NAME **LINDBERG, SALLY**
STREET ADDRESS **2842 FAIR GREEN DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
NAME **LINDBERG, BERTIL**
STREET ADDRESS **2842 FAIR GREEN DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Sally Lindberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

727-785-5228

Date

Daytime Phone #

CR2E034 (10/02)