

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90959 001 ***300.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000006933

1. Entity Name
LINDA'S HOUSE OF DOLLS, INC.



55034501

Principal Place of Business
24330 N.E. HIGHWAY 314
SALT SPRINGS, FL 32134

Mailing Address
P.O. BOX 50061
JACKSONVILLE BEACH, FL 32240-0061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3424590

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

O'NEILL, KAREN B
1009 21ST ST., N.
JACKSONVILLE BEACH, FL 32250

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

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

(NOTE: Registered Agent's signature required when making change.)

DATE

FILE NOW! - FEB 18, 2004
FEB 18, 2003 FEE WILL BE \$500.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COYNE, DANIEL J
1606 OSCEOLA ST.
JACKSONVILLE BEACH, FL 32250 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COYNE, LINDA
1606 OSCEOLA ST.
JACKSONVILLE BEACH, FL 32250 ☐ Delete

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

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority empowered.

SIGNATURE:

Signature and Title of Registered Agent or Director

Date

Day/ra Phone #

Linda H Coyne

4/29/03