

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90003 011 ***550.00

DOCUMENT # P97000084270

1. Entity Name

LINDEN MARINE, INC.

Principal Place of Business

**6300 SOUTHWEST MARKET STREET
 PALM CITY FL 34990
 US**

Mailing Address

**6300 SOUTHWEST MARKET STREET
 PALM CITY FL 34990
 US**

B0107273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6300 SW Market St
 Suite, Apt. #, etc.

3. Mailing Address

6300 SW Market St.
 Suite, Apt. #, etc.

City & State

Palm City FL

34990
 Zip

US
 Country

City & State

Palm City FL

34990
 Zip

US
 Country

4. FEI Number

65-0784807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PETZ, MAURICE
 6300 S.W. MARKET STREET
 PALM CITY FL 34990**

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	☐ Delete
NAME	PETZ, LINDA E	
STREET ADDRESS	6300 SOUTHWEST MARKET STREET	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	STD	☐ Delete
NAME	PETZ, MAURICE D	
STREET ADDRESS	6300 SOUTHWEST MARKET STREET	
CITY - ST - ZIP	PALM CITY FL 34990	
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		

12. 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		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 REQUIRED: Maurice Petz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00
 Date

(561) 219-3634
 Daytime Phone #

CR2E034 (5/00)