

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90326 047 ***550.00

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DOCUMENT # P97000084270

1. Entity Name
LINDEN MARINE CONSTRUCTION, INC.



Principal Place of Business
**1357 NE OCEAN BLVD
308
STUART FL 34996
US**

Mailing Address
**1357 NE OCEAN BLVD
308
STUART FL 34996
US**



2. Principal Place of Business
2689 SW Trailside Path
Suite, Apt. #, etc.

3. Mailing Address
2689 SW Trailside Path
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Stuart, FL
Zip
34997
Country
US

City & State
Stuart, FL
Zip
34997
Country
US

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
1357 NW OCEAN BLVD #308
STUART FL 34996**

7. Name and Address of New Registered Agent

Name **Petz, Maurice**
Street Address (P.O. Box Number is Not Acceptable)
2689 SW Trailside Path
City **Stuart** **FL** Zip Code **34997**

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P PETZ, LINDA E 1357 NE OCEAN BLVD #308 STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETZ, MAURICE D 1357 NE OCEAN BLVD #308 STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(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:

SIGNATURE REQUIRED

7/15/03 772-219-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)