

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90004 017 ***150.00

DOCUMENT # P97000086069

1. Entity Name

LINDA R. FAGAN, INC.

Principal Place of Business

Mailing Address

15600 SW 288TH STREET
 SUITE 310
 HOMESTEAD FL 33033
 US

15600 SW 288TH STREET
 SUITE 310
 HOMESTEAD FL 33033-1200
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15600 S.W. 288 Street

15600 SW 288 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

Homestead, FL

Homestead, FL

4. FEI Number

65-0785860

Applied For

Not Applicable

Zip

Country

Zip

Country

33033

USA

33033

USA

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

GUEST, JAMES M CPA, PA
 15600 SW 288TH STREET
 SUITE 310
 HOMESTEAD FL 33033

Name: Guest, James M. CPA PA
 Street Address (P.O. Box Number is Not Acceptable): 15600 SW 288 Street
 Suite # 201
 City: Homestead FL Zip Code: 33033

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

3-2-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PSVT	<input type="checkbox"/> Delete
NAME	FAGAN, LINDA R	
STREET ADDRESS	15600 SW 288TH ST., #310	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, LINDA R	
STREET ADDRESS	15600 SW 288 Street #201	
CITY-ST-ZIP	Homestead, FL. 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

Daytime Phone #

CR2E034 (9/99)