

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90030 034 ***150.00

DOCUMENT # 997000086281

1. Entity Name

Linda T. George, Inc.

DO NOT WRITE IN THIS SPACE

54006365

2. Principal Place of Business

865 Killarney Dr.
Suite, Apt. #, etc.

3. Mailing Address

865 Killarney Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Selving, FL
33872 USA

City & State

Selving, FL
33872 USA

4. FEI Number

65-0788359

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name George, Linda T.
Street Address (P.O. Box Number is Not Acceptable)

865 Killarney Dr.
City Selving FL Zip Code 33872

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>DIP</u> <u>George, Linda T.</u> <u>865 Killarney Dr.</u> <u>Selving, FL 33872</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda T. George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/2004 (863) 471-6632

Date

Daytime Phone