

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90093 014 ***150.00

DOCUMENT # P98000032110

1. Entity Name
LINDA GRASSO, INC.

Principal Place of Business
**1913 MASSACHUSETTS AVE. NE
 ST. PETERSBURG FL 33703**

Mailing Address
**1913 MASSACHUSETTS AVE. NE
 ST. PETERSBURG FL 34685-4029**

00019987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4016 Silk Oak Lane
 Suite, Apt. #, etc.
Palm Harbor, FL

3. Mailing Address
4016 Silk Oak Lane
 Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

4. FEI Number **59-3506270**
 Applied For
 Not Applicable

Zip **34685** Country **Pinellas**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GRASSO, LINDA
1913 MASSACHUSETTS AVE. NE
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent
 Name **LINDA GRASSO**
 Street Address (P.O. Box Number is Not Acceptable)
4016 SILK OAK LANE
 City **Palm Harbor** FL Zip Code **34685**

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 *Linda Grasso, Pres.*
Signature, typed or printed name of registered agent and title if applicable.

2-5-00
DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GRASSO, LINDA 1913 MASSACHUSETTS AVE NE ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARKER, PEARL E 1369 GILLESPIE DR N PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRASSO, ANTHONY 1913 MASSACHUSETTS AVE NE ST PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LINDA GRASSO 4016 SILK OAK LANE Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTHONY GRASSO 4016 SILK OAK LANE Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Grasso, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-00
Date

(727) 785-7780
Daytime Phone #

CR2E034 (9/99)