

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000080882****1. Entity Name**
LINWAY, INC.**FILED**
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90110 013 ***150.00

Principal Place of Business
5113 US HWY. 19
NEW PORT RICHEY FL 34652**Mailing Address**
5113 US HWY. 19
NEW PORT RICHEY FL 34652**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3531978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****BAKER, LINDA A**
5113 US HWY. 19
NEW PORT RICHEY FL 34652**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 \$150.00**
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	BAKER, WAYNE A	
STREET ADDRESS	2408 ANNBROOK CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, LINDA A	
STREET ADDRESS	2408 ANN BROOK CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:***Linda A. Baker* **Linda A. Baker** 4-7-01 (207) 847-4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0422334