

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90064 040 \*\*\*150.00

**DOCUMENT # P98000105842**

1. Entity Name  
**LINER ENTERPRISES, INC.**

Principal Place of Business

**664 E. CONFERENCE DR.  
 BOCA RATON FL 33486**

Mailing Address

**664 E. CONFERENCE DR.  
 BOCA RATON FL 33486**

2. Principal Place of Business

**4990 Garden DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**4990 Garden DR**  
 Suite, Apt. # etc.

City & State

**Delray Beach, FL**

City & State

**Delray Bch, FL**

4. FEI Number

**65-0892415**

Applied For

Not Applicable

Zip

Country

**33445**

Zip

Country

**33445**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LINER, BRENDA A  
 664 E. CONFERENCE DR.  
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Liner, Brenda A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4990 Garden DR.**  
 City **Delray Beach** **FL** Zip Code **33445**

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 *Brenda Liner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-02**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINER, BRENDA A</b> <b>664 E. CONFERENCE DR.</b> <b>BOCA RATON FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LINER, Brenda A</b> <b>4990 Garden DR</b> <b>Delray Beach, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Liner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02**

Date

**561-495-9169**

Daytime Phone #

CR2E034 (9/01)