

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 004 ***550.00

DOCUMENT # P99000014450

1. Entity Name
LINDER TRANSPORT, INC.

Principal Place of Business

**511 W NORTH BAY ST
TAMPA FL 33603**

Mailing Address

**511 W NORTH BAY ST
TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

33511 BRISK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills FL

Zip

Country

Zip

Country

33543 USA

4. FEI Number

59-3562032

Applied For

Not Applicable

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

**LINDER, MICHAEL L
511 W NORTH BAY ST
TAMPA FL 33603**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **LINDER, MIKE**
STREET ADDRESS **511 W NORTH BAY ST**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **33511 BRISK DR.**
CITY-ST-ZIP **Zephyrhills FL 33543**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

Daytime Phone #

CR2E034 (4/02)