

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022201

1. Entity Name

LINWOOD ASSOCIATES, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90044 036 \*\*\*150.00

Principal Place of Business

111 WEST CARTER ROAD #21  
LAKELAND FL 33813

Mailing Address

111 WEST CARTER ROAD #21  
LAKELAND FL 33813-3685

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

Bangor, ME

City & State

City & State

Zip

Country

Zip

Country

04401

USA

4. FEI Number

59-3567963

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

MCNAMARA, MICHAEL

111 WEST CARTER ROAD #21  
LAKELAND FL 33813

111 West Carter Rd  
#21  
Lakeland, FL  
33813

Name

NA

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMARA, MICHAEL	
STREET ADDRESS	111 WEST CARTER ROAD #21	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

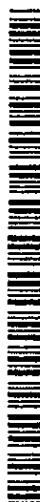
3/10/00 907-942-6418



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

PA9000022201  
853115



TO: 0448506 AF \*\*AUTO TS 1.1201 33813-368521

PA9000022201

~~LINWOOD ASSOCIATES, INC.~~  
111 WEST CARTER ROAD #21  
LAKELAND FL 33813

LINW111 338131020 1499 06  
NOTIFY SENDER OF NEW ADDRESS  
111 WEST CARTER ROAD #21  
LAKELAND FL 33813  
BANGOR ME 04401-2217



PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
84321