

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90351 030 ***150.00

DOCUMENT # P99000022201

1. Entity Name

LINWOOD ASSOCIATES, INC.

Principal Place of Business

**111 WEST CARTER ROAD #21
 LAKELAND FL 33813**

Mailing Address

**387 Eastern Ave
 Brewer, ME 04412**

2. Principal Place of Business

3. Mailing Address

387 Eastern Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brewer ME

Zip

Country

Zip

Country

04412

US

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

MCNAMARA, MICHAEL

111 W CENTER RD

#21

LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Michael McNamara

Street Address (P.O. Box Number is Not Acceptable)

111 W. Carter Rd.

#18

City

Lakeland

FL

Zip Code

33813

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

Michael McNamara

(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

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Michael McNamara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael McNamara	
STREET ADDRESS	387 Eastern Ave	
CITY-ST-ZIP	Brewer, ME 04412	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 information.

SIGNATURE:

Michael McNamara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
P9900002229 7/22/02
120521

Dear Sirs,

I just received this report. I did not get the first one. This has happened before. Sorry for any inconvenience.

Melo