

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90222 027 ***150.00

DOCUMENT # V29149

1. Entity Name
GERALD E. LINDEN, P.A.

Principal Place of Business

Mailing Address

~~2716 CHICKASAW TRAIL~~
~~STE 3C~~
~~ORLANDO FL 32822~~
~~US~~

~~2716 CHICKASAW TRAIL~~
~~STE 3C~~
~~ORLANDO FL 32829-8550~~
~~US~~

2. Principal Place of Business

3. Mailing Address

12925 LA ROCHELLE CIR
 Suite, Apt. #, etc.

12925 LA ROCHELLE CIR
 Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number **59-3118074**

Applied For
 Not Applicable

Zip **33410-1406**

Country **USA**

Zip **33410-1406**

Country **U.S.A.**

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

LINDEN, GERALD E
~~2716-3C CHICKASAW TRAIL~~
~~ORLANDO FL 32829~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
12925 LA ROCHELLE CIR

City **PALM BEACH GARDENS** **FL** Zip Code **33410-1406**

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 *Gerald E. Linden* **GERALD E. LINDEN**

DATE **4/29/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LINDEN, GERALD E	862 S. ECONLOCKHATCHEE TR.	ORLANDO FL 32825	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LINDEN, GERALD E	12925 LA ROCHELLE CIR	PALM BEACH GARDENS, FL 33410-1406	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gerald E. Linden* **GERALD E. LINDEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/29/00**

DAYTIME PHONE # **561-694-2094**

CR2E014 (9/99)