

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90352 023 ***158.75

A0070628

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entry Name GERALD E. LINDEN, P.A.				V29149	
Principal Place of Business				Mailing Address	
2. Principal Place of Business 12925 LaRochelle Circle		3. Mailing Address 12925 LaRochelle Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 59-3118074	
Zip 33410		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent Gerald E. Linden 12925 LaRochelle Circle Palm Beach Gardens, FL 33410			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
9. 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requested) 502</small>					
10. This corporation is eligible to elect to Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	C282004 (1/1/00)
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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)(D), 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: <u>Gerald E. Linden</u>		Gerald E. Linden, President		5/1/01 561-694 2094	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					