

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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03 NOV -5 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F98000005636**

1. Entity Name  
**LINDA MANAGEMENT CORP.**



Principal Place of Business  
**% LINDA OPICI  
726 ONEIDA TR.  
FRANKLIN LAKES NJ 07417**

Mailing Address  
**% LINDA OPICI  
726 ONEIDA TR.  
FRANKLIN LAKES NJ 07417**



**REINSTATEMENT 03**  
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **22-3466790**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
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: *Deborah D. Skipper* **Deborah D. Skipper** **11/4/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> Delete
NAME	OPICI, LINDA	
STREET ADDRESS	726 ONEIDA TR.	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	S	<input type="checkbox"/> Delete
NAME	OPICI, DINA	
STREET ADDRESS	726 ONEIDA TR.	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100023620501	
CITY-ST-ZIP	10/07/03--01057--010 ***750.00	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* 9/30/03 201/ 689-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (4/03)