

05-21-2002 90891 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024250

1. Entity Name

THE LINDER GROUP, INC.

003933

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1314 E. LAS OLAS BLVD.

Suite, Apt. #, etc.
 STE 1117

City & State
 FORT LAUDERDALE FL

Zip
 33301

Country

3. Mailing Address

1314 E LAS OLAS BLVD

Suite, Apt. #, etc.
 STE 1117

City & State
 FORT LAUDERDALE FL

Zip
 33301

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-167775

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SOUTHWEST PROFESSIONAL SERVICES OF S. FL INC

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

13571 MCGREGOR BLVD #22

City

PORT MYERS

FL

Zip Code

33919

DO NOT WRITE IN THIS SPACE

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

Mitchell Starnes MITCHELL STARNES - PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended UBR is \$61.25

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: P.D.
 NAME: NATHAN LINDER
 STREET ADDRESS: 1314 E LAS OLAS BLVD # 1117
 CITY-ST-ZIP: FORT LAUDERDALE FL 33301

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nathan Linder NATHAN LINDER - PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Deputy Phone #

CR2E034B (12/01)