

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000024250

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: THE LINDER GROUP, INC.

**Current Principal Place of Business:**

1314 E LASOLAS BLVD #117  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

1314 E LASOLAS BLVD #1117  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 E LASOLAS BLVD #117  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

1314 E LASOLAS BLVD #1117  
FORT LAUDERDALE, FL 33301

FEI Number: 65-1077775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F  
LORIDA, INC.  
13571 MCGREGOR BLVD #22  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LINDER, NATHAN  
Address: 1314 E LAS OLAS  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN LINDER

PD

02/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date