

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90853 001 ***150.00

DOCUMENT # P99000000506

1. Entity Name

E.A. LINN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

275 E. CENTRAL FL. PKWY.,STE.725
 ALTAMONTE SPRINGS FL 32701

275 E. CENTRAL FL. PKWY.,STE.725
 ALTAMONTE SPRINGS FL 32701-3423

2. Principal Place of Business

151 Sabal Palm Drive

3. Mailing Address

151 Sabal Palm Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL 32779

City & State

Longwood, FL

4. FEI Number

59-3547872

Applied For

Not Applicable

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

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

LINN, ERIC A
275 E. CENTRAL FL. PKWY.,STE.725
ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE

Eric A. Linn Director

4/28/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** Delete
 NAME **LINN, ERIC A**
 STREET ADDRESS **275 E. CENTRAL FL. PKWY.,STE.725**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 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)(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: *Eric A. Linn* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000
 Date

407-774-7725
 Daytime Phone #

CR2E034 (9/99)