·#+" [1] **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Sep 13, 2001 8:00 am Secretary of State **DOCUMENT #** P99000018432 1. Entity Name 09-13-2001 90004 007 \*\*\*550.00 LINCOLN METALS INC. Principal Place of Business Mailing Address 1226 WINGFIELD STREET 1226 WINGFIELD STREET LAKE WORTH FL 33462 LAKE WORTH FL 33462 2. Principal Place of Business court coust 320 w DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0904902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINCOLN, DAVID Street Address (P.O. Box Number is Not Acceptable) 1226 WINGFIELD STREET LAKE WORTH FL 33462 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -Tax filling requirement and elects to do so: After September 12, 2001-Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME LINCOLN, DAVID CR2E034 1226 WINGFIELD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST\_ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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)(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

JIRED

**SIGNATURE** 

Ş