

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848370

1. Entity Name

LINCOLN INVESTMENT PLANNING, INC.

Principal Place of Business

Mailing Address

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1595

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1702591

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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

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 ☐ Delete
NAME TD
STREET ADDRESS FORST, HARRY
CITY-ST-ZIP 100 GOLF VIEW DR
IVYLAND PA 18974

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS EDWARD S. FORST
CITY-ST-ZIP 1861 EDMUND ROAD
ABINGTON, PA 19001

TITLE ☐ Delete
NAME PD
STREET ADDRESS FORST, JR., EDWARD
CITY-ST-ZIP 7413 BARCLAY ROAD
CHELTENHAM PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FORST, ROSEMARIE
CITY-ST-ZIP 216 STONEHOUSE LANE
WYNCOTE PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS FORST, THOMAS
CITY-ST-ZIP 211 STEFAN ROAD
NORTH WALES PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FORST-PAULUS, MARIELLEN
CITY-ST-ZIP 145 BLAKE AVE
ROCKLEDGE PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS O'NEILL, KAREN A
CITY-ST-ZIP 713 CHELTENA AVE
JENKINTOWN PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90109 002 ***150.00

00002333



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)