

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039876

1. Entity Name

PINES LINCOLN MERCURY, INC.

Principal Place of Business

Mailing Address

7411 MAPLE AVENUE
P.O. BOX 1400
PENNSAUKEN NJ 08109

7411 MAPLE AVENUE
P.O. BOX 1400
PENNSAUKEN NJ 08109-0400

2. Principal Place of Business

14800 MERIDIAN ST.

3. Mailing Address

12 E. SUNRISE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEMBOWIE DINES. FL.

City & State

FORT LAUDERDALE, FL.

Zip

33330

Country

Zip

33301

Country

4. FEI Number

58-2321072

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REIF, DANIEL S
C/O HOLMAN ENTERPRISES
911 N.E. SECOND AVENUE
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	HOLMAN, J S	
STREET ADDRESS	350 STATION AVE	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLB, J W	
STREET ADDRESS	407 CHESTER AVENUE	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, M K	
STREET ADDRESS	14 KENDLES RUN ROAD	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REIF, D S	
STREET ADDRESS	2041 N.W. 86TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLIN, K.A.	
STREET ADDRESS	757 PADDOCK PATH	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	COPPOLA, K.T.	
STREET ADDRESS	525 CHESTNUT AVE.	
CITY-ST-ZIP	MOORESTOWN NJ 08057	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. BLEUDER	
STREET ADDRESS	10950 J.W. 40 COURT	
CITY-ST-ZIP	DAVIE. FL. 33328	

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:

Daniel S. Reif
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

984-622-6000

Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90020 017 ***150.00



DO NOT WRITE IN THIS SPACE