2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am \$ Secretary of State **DOCUMENT #** 493938 1. Entity Name LINCOLN CONSTRUCTION, INC. Principal Place of Business Mailing Address 4901 1ST AVE N ... 4901 1ST AVE N SAINT PETERSBURG FL 33710 SAINT PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1641070 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent LINCOLN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1431 SEAGULL DRIVE ST. PETERSBURG FL 33707 City Zip Code §. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Addition ☐ Change NAME LINCOLN, GEORGE R. NAME STREET ADDRESS 1431 SEAGULL DRIVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE D٧ ☐ Addition ☐ Change NAME LINCOLN, GARY W NAME STREET ADDRESS 1301 ROYAL PALM DR S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 TIŤLE ☐ Delete TITLE-☐ Change Addition NAME NAME LINCOLN, BETTY S. STREET ADDRESS STREET ADDRESS 1431 SEAGULL DRIVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. Jith all other like empowered.

SIGNATURE: