2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # 562297** 1. Entity Name FRANK J. LINCOLN INTERIORS, INC. 04-18-2001 90026 039 ***158.75 Principal Place of Business Mailing Address 675 BEACHLAND BLVD. 675 BEACHLAND BLVD. VERO BEACH FL 32963 VERO BEACH FL 32963 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1810461 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 Name MITCHELL, JOHN Street Address (P.O. Box Number is Not Acceptable) 220 SANDPIPER POINT VERO BEACH FL 32963 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change ☐ Addition TITLE LINCOLN, FRANK J. STREET ADDRESS STREET ADDRESS 40 SAGO PALM RD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME LINCOLN, MARTHA STREET ADDRESS STREET ADDRESS 40 SAGO PALM RD CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL-☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 a fired 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.

561-231-1420