

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 08:00 AM
Secretary of State

DOCUMENT # 843549

1. Entity Name
 CAPITAL LINCOLN-MERCURY COMPANY, INC. OF DELAWARE

Principal Place of Business
 3987 W. TENNESSEE STREET
 TALLAHASSEE FL 32304

Mailing Address
 3987 W. TENNESSEE STREET
 TALLAHASSEE FL 32304

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 6001 34TH STREET NORTH
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 ST. PETERSBURG FL

4. FEI Number
59-1917048
 Applied For
 Not Applicable

Zip Country
 33714

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 WETTELAND ELTON S
 3987 W TENNESSEE ST
 TALLAHASSEE FL 32304 US

7. Name and Address of New Registered Agent
 Name
 MYERS JAMES R
 Street Address (P.O. Box Number is Not Acceptable)
 6001 34TH STREET NORTH
 City ST. PETERSBURG FL Zip Code 33714

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 JAMES R. MYERS 03/16/2001
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENCOSKY DONNA 6001 34TH STREET NORTH ST. PETERSBURG FL 33714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS DWAYNE 6001 34TH STREET NORTH ST. PETERSBURG FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dwayne Hawkins P 03/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)