

**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 DELAWAREPrincipal Place of Business  
3987 W. TENNESSEE STREET  
TALLAHASSEE FL 32304  
Mailing Address  
3987 W. TENNESSEE STREET  
TALLAHASSEE FL 323042. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
City & State  
ST. PETERSBURG FL  
Zip  
33714  
Country  
Country3. Mailing Address  
6001 34TH STREET NORTH  
Suite, Apt. #, etc.  
City & State  
ST. PETERSBURG FL  
Zip  
33714  
Country  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1917048**  
Applied For  
Not Applicable5. 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
	D	HAWKINS DWAYNE	6001 34TH STREET NORTH ST. PETERSBURG FL 33714	<input type="checkbox"/> Delete
	P	WETTELAND ELTON S	3987 W. TENNESSEE ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	PENCOSKY DONNA	6001 34TH STREET NORTH ST. PETERSBURG FL 33714		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	HAWKINS DWAYNE	6001 34TH STREET NORTH ST. PETERSBURG FL 33714		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)