

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90195 014 ***150.00

DOCUMENT # 848370

1. Entity Name
LINCOLN INVESTMENT PLANNING, INC.



Principal Place of Business
THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095

Mailing Address
THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1702591**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FORST, EDWARD S SR**
STREET ADDRESS **1861 EDMUND ROAD**
CITY-ST-ZIP **ABINGTON PA 19001**

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Harry Forst**
STREET ADDRESS **100 Golf View Drive**
CITY-ST-ZIP **Ivyland, PA 18974**

TITLE **PD** ☐ Delete
NAME **FORST, JR., EDWARD**
STREET ADDRESS **169 GREENWOOD AVENUE APT K4**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **FORST, ROSEMARIE**
STREET ADDRESS **216 STONEHOUSE LANE**
CITY-ST-ZIP **WYNCOTE PA 19095**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
NAME **FORST, THOMAS**
STREET ADDRESS **211 STEFAN ROAD**
CITY-ST-ZIP **NORTH WALES PA 19454**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **FORST-PAULUS, MARIELLEN**
STREET ADDRESS **145 BLAKE AVE**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
NAME **O'NEILL, KAREN A**
STREET ADDRESS **713 CHELTENA AVE**
CITY-ST-ZIP **JENKINTOWN PA 19046**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward Forst, Jr.

4/1/03
Date

215-887-8111
Daytime Phone #

CR2E034 (10/02)