

2001 UNIFORM BUSINESS REPORT (UBR)

DOC. 331 AF

DOCUMENT # **A93000001447**

1. Entity Name

LNC HOLDINGS, LTD.

FILED

Principal Place of Business

921 SWEETWATER LANE
BOCA RATON FL 33431

Mailing Address

14155 U.S. HIGHWAY ONE, SUITE 302
JUNO BEACH FL 33408

01 JAN 29 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21301 Powerline Road
Suite, Apt. #, etc.
Suite 204

3. Mailing Address

21301 Powerline Road
Suite, Apt. #, etc.
Suite 204

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL 33433

City & State

Boca Raton, FL 33433

4. FEI Number

65-0460393

Applied For

Not Applicable

Zip

33433

Country

U.S.

Zip

33433

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOWICKI, MARK J ESQ.
14155 U.S. HIGHWAY ONE, SUITE 302
JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name Nancy E. Ingalls, CPA

Street Address (P.O. Box Number is Not Acceptable)
21301 Powerline Road

Suite 204

City

Boca Raton

FL

Zip Code

33433

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 Nancy E. Ingalls 1/24/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$144,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$144,750.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L99000001479
NAME PATENT TECHNOLOGIES, INC.
STREET ADDRESS 921 SWEETWATER LANE
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/24/01 (561)482-8400

CR2E003 (11/00)