

2002 UNIFORM BUSINESS REPORT (UBR)

001898 AT

DOCUMENT # A93000001447

1. Entity Name

LNC HOLDINGS, LTD.

FILED

02 FEB 28 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

21301 POWERLINE ROAD
SUITE 204
BOCA RATON FL 33433

21301 POWERLINE ROAD
SUITE 204
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

5458 Town Center Road

5458 Town Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Boca Raton, FL

BOCA RATON, FL

DUE BY MAY 1, 2002

4. FEI Number

65-0460393

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCY E. INGALLS, CPA
21301 POWERLINE ROAD
SUITE 204
BOCA RATON FL 33433

Name

HILTON BECKER

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

5458 Town Center Road

Suite 101

City

BOCA RATON

FL

Zip Code

33486

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, type or print name of registered agent and title if applicable.

DATE

2/25/02

9. Capital Contributions as Shown on record.

\$144,750.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 5458 Town Center Road, Suite 101
CITY-ST-ZIP Boca Raton, FL 33486

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100005041571-9
-03/04/02--01101--002
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE