

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015007 AF

DOCUMENT # **A94000000314**

1. Entity Name

**LINCOLN HOLDING, LTD.**

**FILED**

01 APR 11 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4004 S. 50TH STREET  
TAMPA FL 33619

Mailing Address

P.O. BOX 708  
ANNA MARIA FL 34216

2. Principal Place of Business

217 OAK AVE

Suite, Apt. #, etc.

PO BOX 708

3. Mailing Address

Suite, Apt. #, etc.

City & State

ANNA MARIA FL

City & State

Zip

34216

Country

USA

Zip

Country

4. FEI Number

59-3228623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIGULICH, JOSEPH D JR  
217 OAK AVENUE  
P.O. BOX 708  
ANNA MARIA FL 34216

7. Name and Address of New Registered Agent

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.

SIGNATURE

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.

\$3,850,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$3,850,000.00

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 # L95000000738  
NAME A-1 RAPID STORAGE, L.C.  
STREET ADDRESS 217 OAK AVE. (P.O. BOX 708)  
CITY-ST-ZIP ANNA MARIA FL 34216

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700004033417--2  
-04/19/01--01095--020

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*526.25 \*\*\*\*526.25

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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

4/9/01

Date

941-778-7278

Daytime Phone #

CR2E003 (11/00)