

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F19721

1. Entity Name

LINCOLN INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90063 004 ***150.00

661283

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

2237 N. Commerce Parkway

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3

Suite #3

City & State

City & State

Weston, FL

Weston, FL

Zip

Zip

Country

Country

33326

US

33326

US

4. FEI Number

Applied For

59-2267932

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

Name

Ross Manella

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

2237 N. Commerce Parkway

2237 N. Commerce Parkway

Suite #3

City

Weston

FL

Zip Code
33326

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

ROSS MANELLA 4/30/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ DeleteNAME **VD**
STREET ADDRESS **Jackson, G. McStay**
CITY-ST-ZIP **6143 Sanctuary Garden Blvd.****Port Orange, Fl. 32124**TITLE ☐ DeleteNAME **PSTD**
STREET ADDRESS **Howard Maged**
CITY-ST-ZIP **222 Woodstock St. Laurent****Quebec, Canada**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Maged

4/30/00

Date

954-385-3637

Daytime Phone #

CR2E034 (9/99)