

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90004 031 ***150.00

DOCUMENT # F99000004488 90345 VX
1. Entity Name
LINCOLN NO. 2345, INC.

Principal Place of Business
P.O. BOX 1920
DALLAS TX 75221

Mailing Address
P.O. BOX 1920
DALLAS TX 75221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
75-2840160

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BYRNE, TIMOTHY 500 NORTH AKARD, SUITE 3300 DALLAS TX 75201	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKS, DAN 500 NORTH AKARD, SUITE 3300 DALLAS TX 75201	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, NANCY 500 NORTH AKARD, SUITE 3300 DALLAS TX 75221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POGUE, MACK 500 NORTH AKARD, SUITE 3300 DALLAS TX 75221	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EVERETT, LEIGH ANN 1505 FEDERAL ST DALLAS TX 75201	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

Leigh Ann Everett

Asst. Secretary 4/10/02 214*740-4440

CR2E034 (9/01)