

2003 - FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90991 032 ***150.00

0663910 AT

DOCUMENT # F99000004488

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



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BYRNE, TIMOTHY	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACKS, DAN	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIS, NANCY	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75221	
TITLE	CD	<input type="checkbox"/> Delete
NAME	POGUE, MACK	
STREET ADDRESS	500 NORTH AKARD, SUITE 3300	
CITY-ST-ZIP	DALLAS TX 75221	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	EVERETT, LEIGH ANN	
STREET ADDRESS	1505 FEDERAL ST	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPIAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Streit	
STREET ADDRESS	500 North Akard, Suite 3400	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Dennis Streit, VP/AS 4/24/03 214-740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)