

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015734

1. Entity Name
LINCOLN PARK CONSULTING, LLC

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
677 WEST WRIGHTWOOD AVE.
P.O. BOX 14434
CHICAGO IL 60614

Mailing Address
677 WEST WRIGHTWOOD AVE.
P.O. BOX 14434
CHICAGO IL 60614

2. Principal Place of Business
1810 NW 51st Place
Suite 41B

3. Mailing Address
P.O. Box 14434

City & State
Fort Lauderdale FL
Zip 33309 Country USA

City & State
Chicago, IL
Zip 60614 Country USA

4. FEI Number
472-46-1141

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
☒ Not Applicable

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name Same
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 X The Registered Agent remains the same.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

70000466617--1
-11/06/01--01003--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JOHNA. BROWN
STREET ADDRESS 14 Festa Way
CITY-ST-ZIP Fort Lauderdale FL 33301

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/24/01 954-523-5279

Date Daytime Phone #

0006539

CR2E083 (5/01)