

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000045872

FILED
Jan 26, 2002 8:00 AM
Secretary of State

Entity Name: LINCO GATEWAY, INC.

Current Principal Place of Business:

225 E. ROBINSON ST., SUITE 540
ORLANDO, FL 32801

New Principal Place of Business:

1440 LAKE SHADOW CIRCLE
8302
MAITLAND, FL 32751

Current Mailing Address:

225 E. ROBINSON ST., SUITE 540
ORLANDO, FL 32801

New Mailing Address:

380 S. SR 434
1004-354
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3714142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPPAS, PETER C
225 E. ROBINSON ST., SUITE 540
ORLANDO, FL 32801

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, OFIR
Address: 8439 MILANO DR., #1625
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: LINDENBERG, LIRAZ
Address: 8439 MILANO DR., #1625
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: LINDENBERG, AMRAM
Address: 8439 MILANO DR., #1625
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, OFIR A
Address: 1440 LAKE SHADOW CIRCLE # 8302
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: LINDENBERG, LIRAZ
Address: 1440 LAKE SHADOW CIRCLE # 8302
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: LINDENBERG, AMRAM
Address: 1440 LAKE SHADOW CIRCLE # 8302
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OFIR A. COHEN

D

01/26/2002

Electronic Signature of Signing Officer or Director

Date