

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-13-2003 90838 004 ***163.75

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1. Entity Name
LINCOLN CAPITAL SERVICES, INC.

Principal Place of Business
**12817 S.W. 42ND STREET
MIAMI FL 33175**

Mailing Address
**12817 S.W. 42ND STREET
MIAMI FL 33175**



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

☒ 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

**OCCUPY, WILL
12817 S.W. 42ND STREET
MIAMI FL 33175**

Name **Ira A. McCown Jr**
Street Address (P.O. Box Number is Not Acceptable) **12817 S.W. 42ND ST. (Bird Rd.)**
City **Miami** FL Zip Code **33175**

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 **Ira A. McCown Jr**
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 8, 2003
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 **Director, Chairman of the Board/Secretary**
NAME **Louder CANTIN,**
STREET ADDRESS **12817 S.W. 42ND STREET**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **Executive VP President/Treasurer/Director**
NAME **Ira A. McCown Jr**
STREET ADDRESS **12817 SW 42ND St.**
CITY-ST-ZIP **Miami, FL 33175**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ira A. McCown Jr 305-551-9950
Date Daytime Phone #

CF2E034 (01/02)