

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90014 031 ***150.00

DOCUMENT # *PA 2000002034*

1. Entity Name
LINCO PRODUCTS, INC.

Principal Place of Business Mailing Address
~~3000~~
3000 N.W. 42nd Avenue
Suite B110
Coconut Creek, Florida 33066

2. Principal Place of Business **Florida**
 Suite, Apt. #, etc. **B110**
 City & State **Coconut Creek**
 Zip **33066** Country **USA**

3. Mailing Address **3000 N.W. 42nd Avenue**
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0363957**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00059585

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Les Nearier
3000 N.W. 42 Ave. B110
Coconut Creek, FL 33066

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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		
TITLE	President	<input type="checkbox"/> Delete
NAME	Les Nearier	
STREET ADDRESS	3000 N.W. 42 Avenue	
CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Barbara L. Nearier	
STREET ADDRESS	3000 N.W. 42 Avenue	
CITY-ST-ZIP	Coconut Creek, FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Les Nearier** *[Signature]* **5-22-00** **954-973-8272**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)