

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

3. Mailing Address

3000 N.W. 42nd Avenue

Suite, Apt. #, etc.

B110

Suite, Apt. #, etc.

City & State

Coconut Creek

City & State

4. FEI Number

65-0363957

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Les Nearier	3000 N.W. 42 Avenue	Coconut Creek, FL 33066				
Vice President	Barbara L. Nearier	3000 N.W. 42 Avenue	Coconut Creek, FL 33066				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-973-8272

CR2E034 (9/99)