

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90288 050 \*\*\*150.00

**DOCUMENT # P95000066753**

1. Entity Name  
**LINCOLN MORTGAGE CORPORATION**

**958450**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**4717 HIGHWAY 27 NORTH**      **5401 KIRKMAN RD #325**  
**SUITE F5**      **ORLANDO FL 32819**  
**DAVENPORT FL 33837**      **US**  
**US**

2. Principal Place of Business      3. Mailing Address  
**5401 S KIRKMAN RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE # 300**

City & State      City & State  
**ORLANDO FL**

Zip      Country      Zip      Country  
**32819**      **ORANGE**

4. FEI Number      Applied For  
**59-3331907**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**GUPTA, SURESH K**  
**5225 US HWY 27 NORTH**  
**DAVENPORT FL 33837**

7. Name and Address of New Registered Agent  
 Name      **GUPTA, SURESH K**  
 Street Address (P.O. Box Number is Not Acceptable)      **5401 S KIRKMAN Rd, SUITE # 325**  
 City      **ORLANDO FL**      Zip Code      **32819**

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)      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, 2001 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 !!**

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>GUPTA, SURESH K</b>	
STREET ADDRESS	<b>7636 APPLETREE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERSAUD, GURUDEO S</b>	
STREET ADDRESS	<b>5225 US HWY 27, NORTH</b>	
CITY-ST-ZIP	<b>DAVENPORT FL 33837</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>AGGARWAL, BARHAM R</b>	
STREET ADDRESS	<b>7636 APPLETREE CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
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"/> 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 another like empowered.

SIGNATURE: **Suresh K Gupta**      4/19/01      407 206 4011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)