

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020863

1. Entity Name
A. LINCOLN PRIVATE CAR, INC.

Principal Place of Business

2015A ELSA STREET
NAPLES FL 34109
US

Mailing Address

PO BOX 12041
NAPLES FL 34101
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 770093

Suite, Apt. #, etc.

City & State

Naples

Zip

34107

Country

USA

4. FEI Number 65-0646373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONAQUIST, JAMES A JR.
3550 E. TAMiami TRAIL
NAPLES FL 33962

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, 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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS DINATALE, KATHERINE
CITY-ST-ZIP P.O. BOX 1362 N/A
MARCO ISLAND FL 33969

TITLE ☒ Delete
NAME VSD
STREET ADDRESS FRIEDMAN, MARLENE
CITY-ST-ZIP 13150 VALEWOOD DR
NAPLES FL 34119 delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Katherine DiNatale Katherine DiNatale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

941 592 7433

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90150 019 ***150.00



DO NOT WRITE IN THIS SPACE