

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90072 047 ***150.00

DOCUMENT # P97000039876

1. Entity Name
PINES LINCOLN MERCURY, INC.

Principal Place of Business
**14800 SHERIDAN ST
P.O. BOX 1400
PEMBROKE PINES FL 33330**

Mailing Address
**12 E SUNRISE BLVD
FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2321072**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REIF, DANIEL S
C/O HOLMAN ENTERPRISES
911 N.E. SECOND AVENUE
FT. LAUDERDALE FL 33304**

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, 2002 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	DC	<input type="checkbox"/> Delete
NAME	HOLMAN, J S	
STREET ADDRESS	350 STATION AVE	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLB, J W	
STREET ADDRESS	407 CHESTER AVENUE	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, M-K	
STREET ADDRESS	14 KENDLES RUN ROAD	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	DP	<input type="checkbox"/> Delete
NAME	REIF, D S	
STREET ADDRESS	2041 N.W. 86TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	S	<input type="checkbox"/> Delete
NAME	MULLIN, K.A.	
STREET ADDRESS	757 PADDOCK PATH	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRUSH, CLIFF	
STREET ADDRESS	9284 LAKE SERENA DR.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Daglian	
STREET ADDRESS	1836 Gallop Drive	
CITY-ST-ZIP	Loxahatchee, Fl. 33470	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence Streng	
STREET ADDRESS	14800 Sheridan St.	
CITY-ST-ZIP	Pembroke Pines, Fl. 33330	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Daglian

Date

1/25/02

954-335-2041

Daytime Phone #

CP2E034 (9/01)