

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90168 046 ***150.00

DOCUMENT # **P98000085076**

1. Entity Name

LINCOLN MOLD CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

921 NW 143 ST.

3. Mailing Address

6323 Gage PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0870064

Applied For

Not Applicable

Zip
33168

Country
USA

Zip
33014

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CARL kreis**

Street Address (P.O. Box Number is Not Acceptable)

921 NW 143 ST.

City **N. MIAMI**

FL

Zip Code
33168

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.

Carl kreis

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Carl kreise
6323 Gage PL
MIAMI, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
Hobbit Forrest
6323 Gage PL
MIAMI, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl kreise, Pres. 4/12/03

Date

Daytime Phone #

CR2E034B (12/01)