

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-09-2001 90113 044 ***150.00

DOCUMENT # P99000026758

1. Entity Name

LINCOLN PARK WHOLESALE, INC.

Principal Place of Business

Mailing Address

4118 GUNN HWY.
 STE 29
 TAMPA FL 33624

2310 MILFORD CIRCLE
 SARASOTA FL 34439

2. Principal Place of Business

3. Mailing Address

5712 15th ST. E.
 Suite, Apt. #, etc.

2310 MILFORD CIRCLE
 Suite, Apt. #, etc.

City & State
 Bradenton FL

City & State
 SARASOTA FL

Zip
 34208 Country
 MANATEE

Zip
 34239 Country
 SARASOTA

4. FEI Number 59-3567385

Applied For

Not Applicable

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

PAESCH, JOHN III
 4118 GUNN HWY.
 STE 29
 TAMPA FL 33624

Name Philip Auciello

Street Address (P.O. Box Number is Not Acceptable)
 2310 MILFORD CIR

City SARASOTA

FL

Zip Code
 34239

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 Philip Auciello Paes.

(NOTE: Registered Agent signature required when reinstating)

02-01-2001
 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 PSTD
 NAME AUCIELLO, PHILIP
 STREET ADDRESS 2310 MILFORD CIRCLE
 CITY-ST-ZIP SARASOTA FL 34239

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Philip Auciello

Philip Auciello

02/01/2001

9133618529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)