

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90028 035 ***150.00

0055337

DOCUMENT # S47423

1. Entity Name
LINCOLN REALTY SERVICES, INC.

| | |
|---|---|
| Principal Place of Business 2648 W ST RD 434 SB LONGWOOD FL 32779 US | Mailing Address 2648 W ST RD 434 SB LONGWOOD FL 32779 US |
|---|---|



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 **59-3059865** 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

**OSWALD, KENNETH F.
 600 COURTLAND ST
 SUITE 110
 ORLANDO FL 32804**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|------|---------------------|------------------------------------|---------------------------------|------|----------------|-------------|---|
| | D | OSWALD, KENNETH F | 600 COURTLAND ST #110 ORLANDO FL | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | PST | JOHNSON, MARLENE D. | 2648 W ST RD 434 SB LONGWOOD FL | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | JOHNSON, TERRY B. | 2648 W ST RD 434 SB LONGWOOD FL | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | JOHNSON, LYDER R. | 2648 W ST RD 434 SB LONGWOOD FL | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D | JOHNSON, SIMONE S. | 2648 W. ST. RD. 434 #B LONGWOOD FL | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Lyder R. Johnson 3/14/01 407-562-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)