

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04514

1. Entity Name

LINCOLN CONSULTERS & INVESTORS, INC.

FILED

Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90017 021 ***150.00

Principal Place of Business

810 SATURN STREET
SUITE 16-432
JUPITER FL 33477

Mailing Address

810 SATURN STREET
SUITE 16-432
JUPITER FL 33477-4402

2. Principal Place of Business

810 Saturn St #16

Suite, Apt. #, etc.

PMB 432

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Address

810 Saturn St. #16

Suite, Apt. #, etc.

PMB 432

City & State

Jupiter, FL

Zip

33477

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2183620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, RONALD W.
810 SATURN STREET
SUITE 16-432 PMB 432
JUPITER FL 33477

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HAYES, RONALD W.	
STREET ADDRESS	810 SATURN ST. 16-432	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, BONNIE C.	
STREET ADDRESS	810 SATURN ST. 16-432	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayes, Ronald W.	
STREET ADDRESS	810 Saturn St. #16, PMB 432	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayes, Bonnie C.	
STREET ADDRESS	810 Saturn St #16, PMB 432	
CITY-ST-ZIP	Jupiter FL 33477	
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:

Bonnie C. Hayes
Bonnie C. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000

Date

Daytime Phone #