

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

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 038 ***550.00

DOCUMENT # *P99000049174*
1. Entity Name
AMPLE LANE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
No Change
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
No Change
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3629966

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **McCarthy, Terence J.**
Street Address (P.O. Box Number is Not Acceptable)
225 3rd Street North
St. Petersburg, Florida 33701
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 *Terence J. McCarthy* **9-9-2002**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature is 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)

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	PDST Hamilton, Freemont 225 3rd Street St. Petersburg, Fl 33701
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IN THIS SPACE**

CR2E034B (12/01)

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: *Freemont Hamilton* **Freemont Hamilton PDST** **9/9/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date