

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90353 006 ***150.00

DOCUMENT # P97000080947



1. Entity Name
ASTER LANE, INC.

Principal Place of Business
**31 SOUTHEAST HARBOR POINT DRIVE
STUART FL 34996**

Mailing Address
**31 SOUTHEAST HARBOR POINT DRIVE
STUART FL 34996**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0785828**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORTELL, EDWIN E III
301 E. OCEAN BLVD.
SUITE 200
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARATTA, ROBERT O DR	
STREET ADDRESS	31 SE HARBOR POINT DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARATTA, SCOTT R	
STREET ADDRESS	3484 SW FOREST HILLS CT.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARATTA, GREGG P	
STREET ADDRESS	1143 WILDRIDGE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MORTELL, MELISSA A	
STREET ADDRESS	21 SE HARBOR POINT DRIVE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARRATA, CAROL	
STREET ADDRESS	31 SE HARBOR POINT DR	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert O. Baratta* **ROBERT O. BARATTA** 772.283.6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)