2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State
07-29-2002 90006 035 ***550.00

DOCUMENT # 668756

1. Entity Name
PETER LANE FINE ARTS CORP.

Principal Place of Business	Mailing Address
% DANIEL P. LEIBLEIN 4433 STIRLING RD FT LAUDERDALE FL 33314	% DANIEL P. LEIBLEIN 4433 STIRLING RD FT LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1994878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBLEIN, MARC
10910 NW 3RD STREET
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name JODI SHARP

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

501 N.W. 107 Ave.

City Plantation FL Zip Code 33324

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 JODI SHARP - VICE PRESIDENT/SECRETARY DATE 7/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when designating)

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 $550.00
After September 13, 2002 Fee will be $750.00
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	P LIEBLEIN, JACQUELINE 501 NW 107TH AVE PLANTATION FL	☐ Delete	PRESIDENT GREGORY LIEBLEIN 10457 SW 22 PLACE DAVIE, FL. 33324	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	VICE PRESIDENT/SECRETARY JODI SHARP 501 N.W. 107 AVE PLANTATION, FL. 33324	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/02)

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: SIGNATURE REQUIRED JODI SHARP 7/25/02 954 583-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #