

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91392 021 ****61.25

DOCUMENT # 764078

1. Entity Name
NORTH SIDE ALLAN LANE, INC.



Principal Place of Business Mailing Address

**P O BOX 510054
PO BOX 54
MELBOURNE BEACH FL 32951-054
US**

**180 ALLAN LANE
PO BOX 54
MELBOURNE BEACH FL 32951
US**

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 **59-2221563** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDE, AUDREY
180 ALLAN LANE
MELBOURNE BEACH FL 32951**

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

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete
NAME	LINDE, AUDREY
STREET ADDRESS	180 ALLAN LN
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	DRAPER, DONALD
STREET ADDRESS	140 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, WAYNE
STREET ADDRESS	260 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	S <input type="checkbox"/> Delete
NAME	PAZDERAK, SONA
STREET ADDRESS	160 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	D <input type="checkbox"/> Delete
NAME	PERRY, CHRIS
STREET ADDRESS	290 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	D <input type="checkbox"/> Delete
NAME	TRAFALIS, HARRY
STREET ADDRESS	310 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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 617, 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: *Audrey Linde* **AUDREY LINDE** **4-25-03 (321) 727-7236**

CR2E037 (10/02)