

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32131

1. Entity Name
LONE & ASSOCIATES, INC.

Principal Place of Business 4300 N. University Drive Suite E-207 Ft. Lauderdale, FL 33351	Mailing Address 4300 N. University Drive Suite E-207 Ft. Lauderdale, FL 33351
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
01 AUG -6 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UBR
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2090477 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent LONE, JOANN 4300 N. University Drive Suite E-207 Ft. Lauderdale, FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 JoAnn Lone JoAnn Lone DATE 7/17/01

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE MONTHLY FEE IS \$100.00
After MAY 1, 2001 Fee will be \$250.00
State 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	PD LONE, WILLIAM F. 4300 N. University Drive, #E-207 Ft. Lauderdale, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800004556998--7 -08/27/01--01014--011 ****308.75 ****308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST LONE, JOANN 4300 N. University Drive, #E-207 Ft. Lauderdale, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONE, WILLIAM F. JR 4300 N. University Drive, #E-207 Ft. Lauderdale, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONE, SHERRI A. 4300 N. University Drive, #E-207 Ft. Lauderdale, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JoAnn Lone JoAnn Lone DATE 7/17/01 954-578-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE License #

CP2E034 (11/00)