

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0573302 AV

DOCUMENT # **F94172**

1. Entity Name
FIRST AMERICAN INTERNATIONAL, INC.



FILED

03 APR 17 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~3931 SW COLLEGE RD~~
~~OCALA FL 34474~~
US

Mailing Address

~~3931 SW COLLEGE RD~~
~~OCALA FL 34474~~
US

2. Principal Place of Business

10935 SE 177th Rd
Suite, Apt. #, etc.
#305

3. Mailing Address

10935 SE 177th Rd
Suite, Apt. #, etc.
#305

☐ CHECK HERE IF MAKING CHANGES

City & State

Summerfield FL
Zip **34491** Country **USA**

City & State

Summerfield FL
Zip **34491** Country **USA**

4. FEI Number

59-2212794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANE, GLENN E
~~3931 SW COLLEGE RD~~
~~OCALA FL 34474~~

7. Name and Address of New Registered Agent

Name

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

10935 SE 177th Place #305
Summerfield FL 34491
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANE, GLENN E.	
STREET ADDRESS	3931 SW COLLEGE RD	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LANE, GLENN E.	
STREET ADDRESS	3931 SW COLLEGE RD	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10935 SE 177th Place #305	
STREET ADDRESS	Summerfield FL 34491	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500016337965	
STREET ADDRESS	04/21/03--01008--003 **650.00	
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lane, Matthew C	
STREET ADDRESS	10935 SE 177th Place #305	
CITY-ST-ZIP	Summerfield FL 34491	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Matthew C Lane as member

4/11/03

CR2E034 (10/02)