

# 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 Pl**  
Suite, Apt. #, etc.  
**#305**

CHECK HERE IF MAKING CHANGES

City & State  
**Summerfield FL**

City & State  
**Summerfield FL**

Zip  
**34491** Country  
**USA**

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  
**LANE, GLENN E**  
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 *Matthew C Lane* (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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>LANE, GLENN E.</b>	
STREET ADDRESS <del>3931 SW COLLEGE RD</del>	
CITY-ST-ZIP <del>OCALA FL</del>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>LANE, GLENN E.</b>	
STREET ADDRESS <b>3931 SW COLLEGE RD</b>	
CITY-ST-ZIP <b>OCALA FL</b>	
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	
STREET ADDRESS <b>10935 SE 177th Place #305</b>	
CITY-ST-ZIP <b>Summerfield FL 34491</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>500016337965</b>	
CITY-ST-ZIP <b>04/21/03--01008--003 **650.00</b>	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Vice President Lane, Matthew C</b>	
STREET ADDRESS <b>10935 SE 177th Place #305</b>	
CITY-ST-ZIP <b>Summerfield FL 34491</b>	
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: *Matthew C Lane as member*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/03 Daytime Phone #

CR2E034 (10/02)