## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Jun 20, 2001 8:00 am **DOCUMENT # K26162 Secretary of State** 1. Entity Name 05-14-2001 90270 004 \*\*\*150.00 LANIGER ENTERPRISES OF AMERICA, INCORPORATED Principal Place of Business Mailing Address 789 NE DIXTE HWY 1662 NE DIXIE HWY 75198 JENSEN BEACH FL 34967 RIO COMMERCIAL CENTER JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0056618 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent iNala BURGE, REGINALD J (P.O. Box Number is Not Acceptable) 789 NE DIXIE-HWY JENSEN BEACH FL 34957 supposes this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE President Channe TITLE ☐ Delete NAME BURGE, REGINALD J MAKE STREET ADDRESS 1662 NE. DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP jensen beach fl 34957 TITLE Change TILE ☐ Delete NAME NAME BURGE, LOIS F STREET ADDRESS STREET ADDRESS 1662 NE DIXIE HWY CITY-ST-ZIP CITY-ST-7IP JENSEN BEACH FL 34957 Change ☐ Addition ☐ Delete NAME BURGE, KEITH A. NAME STREET ADDRESS STREET ADDRESS 1554 NE BEACON DR #208 CITY-ST-7IP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS last on CITY-ST-ZIP 34957 CITY-ST-ZIP Addition. TITLE Delete TITLE (Change DI Rector NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; that I am an officer or director of the corporation or the receiver or trustee emperied to execute this report or 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 employees.

**FILED**