

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 014 ***150.00

DOCUMENT # L 03789

1. Entity Name

Tilane Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3219 S. Atlantic Ave

Suite, Apt. #, etc.

#801

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa Beach, Florida

City & State

Zip

32931

Country

USA

Zip

Country

4. FEI Number

59-2961984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Timothy G. Lane

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

3219 S. Atlantic Ave

#801

City

Cocoa Beach

FL

Zip Code

32931

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*President
Timothy G. Lane
3219 S. Atlantic Ave #801
Cocoa Beach, FL 32931*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
Cheryl A. Lane
3219 S. Atlantic Ave #801
Cocoa Beach, FL 32931*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Hemphill
Accountant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

407-846-3371
Daytime Phone #

CR2E034B (12/01)