

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90012 032 ***158.75

DOCUMENT # L23016

1. Entity Name
STEVEN LANE INVESTMENTS, INC.

Principal Place of Business 1007 N. FEDERAL HIGHWAY SUITE 277 FT. LAUDERDALE FL 33304	Mailing Address 1007 N. FEDERAL HIGHWAY SUITE 277 FT. LAUDERDALE FL 33304-1422
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0156956	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BUSH, B
C/O STEVEN LANE INVESTMENTS
1007 N. FEDERLA HIGHWAY, SUITE 277
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

<input type="checkbox"/> Delete	P
TITLE	BUSH, B.
NAME	1007 N. FEDERAL HIGHWAY, #277
STREET ADDRESS	FT. LAUDERDALE FL 33304
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
NAME
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 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: *B. Bush* **SIGNATURE REQUIRED** **B. Bush, President** **02/29/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)