2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # L92155 1. Entity Name LANE'S AUTOMOTIVE, INC. 04-19-2000 90057 042 ***150.00 Principal Place of Business Mailing Address 2820 OKEECHOBEE BLVD 2820 OKEECHOBEE BLVD WEST PAL BCH. FL 33409-4012 WEST PAL BCH. FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0207620 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT WARREN WARREN, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 6863 LAKESIDE ROAD Light year, or off WEST PALM BEACH FL 33411 406 Manging its registered office or registered agent, or both, in the State of Florida 8: The above named entity sub SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRES. ☐ Delete Addition TITLE TITLE WARREN , ROBERT L. WARREN, ROBERT L NAME NAME 1407 INDIAN ROAD STREET ADDRESS STREET ADDRESS 6863 LAKESIDE ROAD CITY-ST-ZIP WPB, Fil. 33406... CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE ☐ Addition ☐ Delete TITLE WARREN , KAREN NAME WARREN, KAREN NAME 1407 INDIAN ROAD STREET ADDRESS STREET ADDRESS 6863 LAKESIDE ROAD 33406 CITY-ST-ZIP FL CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of director of the corporation or the receiver of trustee embowered 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition