2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # L92155 1. Entity Name LANE'S AUTOMOTIVE, INC. 05-02-2001 90173 045 ***150.00 Principal Place of Business Mailing Address 2820 Okeechobee Blvd. 2820 Okeechobee Blvd. WPB, FL 33409 WPB, FL 33409 C0057306 2. Principal Place of Business 3. Mailing Address 3175 S.Congress Ave. 3175 S.Congress Ave. Suite Apt. #, etc. # 205 DO NOT WRITE IN THIS SPACE City & State Palm Springs, FL Applied For 4. FEI Number City & State 65-0207620 Palm Springs, FI. Not Applicable **\$8.75** Additional Country 5. Certificate of Status Desired 33461-2562 33461-2562 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert E. Warren Robert L.Warren Street Address (P.O. Box Number is Not Acceptable)
1407 Indian Road 6863 Lakeside Road WPB,FL 33411 Zip Code 3340<u>6-78</u>13 ^{City} Lake C<u>larke</u> Shores 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 it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE VP NAME NAME Warren, Robert L. STREET ADDRESS Warren, Robert L. STREET ADDRESS CITY-ST-ZIP 1407 Indian Road CITY-ST-ZIP 6863 Lakeside Road Lake Clarke Shores, FL 3340‰ WEST PALM BEACH, FL BBAGG TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7/P eses Vice Monda Change [] Addition PRES. TITLE Delete WARREN, KAREN WARREN, KAREN NAME NAME 6863 Lakeside Road STREET ADDRESS STREET ADDRESS 1407 Indian Road 33406 CITY-ST-ZIP Clarke shones, CITY-ST-7IP WEST PALM BEACH TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 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 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 appearage, with all other like empowered. SIGNATURE: