

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90173 045 ***150.00

C0057306

DO NOT WRITE IN THIS SPACE

DOCUMENT # L92155

1. Entity Name
 LANE'S AUTOMOTIVE, INC.

Principal Place of Business **Mailing Address**
 2820 Okeechobee Blvd. 2820 Okeechobee Blvd.
 WPB, FL 33409 WPB, FL 33409

2. Principal Place of Business **3. Mailing Address**
 3175 S. Congress Ave. 3175 S. Congress Ave.

4. FEI Number **Applied For**
 65-0207620 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Robert L. Warren
 6863 Lakeside Road
 WPB, FL 33411

7. Name and Address of New Registered Agent
 Name: Robert L. Warren
 Street Address (P.O. Box Number is Not Acceptable): 1407 Indian Road
 City: Lake Clarke Shores FL Zip Code: 33406-7813

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: *Robert L. Warren* *Robert L. Warren President* *4/19/01*
 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. **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	Warren, Robert L.	
STREET ADDRESS	6863 Lakeside Road	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	PRES.	<input type="checkbox"/> Delete
NAME	WARREN, KAREN	
STREET ADDRESS	6863 Lakeside Road	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren, Robert L.	
STREET ADDRESS	1407 Indian Road	
CITY-ST-ZIP	Lake Clarke Shores, FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRES. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, KAREN	
STREET ADDRESS	1407 Indian Road	
CITY-ST-ZIP	Lake Clarke Shores, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert L. Warren* *Robert L. Warren* *4/19/01*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)