

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90726 032 ****50.00

DOCUMENT # L99000005114

1. Entity Name

LANEY AND ASSOCIATES L.L.C.

Principal Place of Business

~~4890 WEST KENNEDY BLVD.~~
~~SUITE 600~~
~~TAMPA FL 33609~~

Mailing Address

4890 WEST KENNEDY BLVD.
 SUITE 600
 TAMPA FL 33609

2. Principal Place of Business

550 Reo St, Suite 300
 Suite 300

3. Mailing Address

550 N Reo Street
 Suite 300

City & State
TAMPA FLORIDA

City & State
TAMPA FLA

Zip
33609 - Country
Netherlands

Zip
33609 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LANEY, MARGARET
4890 W. KENNEDY BLVD., SUITE 600
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name **MARGARET LANEY**
 Street Address (P.O. Box Number is Not Acceptable)
~~2005 PLAZA DRIVE, #123~~
550 N. Reo Street, Suite 300
 City **TAMPA** FL Zip Code **33609**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **LANEY, MARGARET**
 STREET ADDRESS **4890 W. KENNEDY BLVD. #600**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. **MGRM** ADDITIONS/CHANGES

TITLE **Margaret Laney** ☒ Change ☐ Addition
 NAME **550 North Reo Street, Suite 300**
 STREET ADDRESS **TAMPA, FLORIDA 33609**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Margaret Laney* **MARGARET A. LANEY** 5/1/02 813.222-8971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)