2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90049 003 ****61.25

DOCUMENT # N02000001779

1. Entity Name
TA LANE, INC.

Principal Place of Business	Mailing Address
516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2347 CERBERUS DRIVE.	2347 CERBERUS Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA FL.	City & State: APOPKA FL.
Zip: 32712 Country: USA	Zip: 32712 Country: USA

4. FEI Number: 75-2995160 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANE, AMIRA 516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	Name: LANE, AMIRA Street Address (P.O. Box Number is Not Acceptable): 2347 CERBERUS Drive City: APOPKA FL Zip Code: 32712

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Amira Lane 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO LANE, TONY 516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO LANE, TONY 2347 CERBERUS DR APOPKA, FL 32712	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, TONY 516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANE, TONY 2347 CERBERUS DR APOPKA, FL 32712	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, PRINCE 516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, PRINCE 2347 CERBERUS DR APOPKA FL 32712	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANE, AMIRA 516 LAKE BRIDGE LANE, SUITE 112 APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANE, AMIRA 2347 CERBERUS DR. APOPKA FL 32712	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Lane 5/1/03 (407)886-1635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #