

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90151 020 ***150.00

DOCUMENT # P00000011029

1. Entity Name
LANE PRODUCTS, INC.



Principal Place of Business
**8455 112TH ST. N.
APT. 109
SEMINOLE FL 33772**

Mailing Address
**8455 112TH ST. N.
APT. 109
SEMINOLE FL 33772**

2. Principal Place of Business

**8740 SEMINOLE BLVD
Suite, Apt. #, etc.
NO. #10**

3. Mailing Address

**8740 SEMINOLE BLVD
Suite, Apt. #, etc.
NO. #110**



☒ CHECK HERE IF MAKING CHANGES

City & State
SEMINOLE FL

City & State
SEMINOLE FL

4. FEI Number **59-3627019**

Applied For
Not Applicable

Zip Country
33772 PINELLAS

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33772 PINELLAS

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

6. Name and Address of Current Registered Agent

**GOTTESMAN, ELAINE
8455 112TH ST. N.
APT. 109
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name **ELAINE GOTTESMAN**
Street Address (P.O. Box Number is Not Acceptable) **8325 112th St. N Apt. 110**
City **Seminole** **FL** Zip Code **33772**

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 *Elaine Gottesman*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GOTTESMAN, ELAINE**
STREET ADDRESS **8455 112TH ST. N. - APT. 109**
CITY-ST-ZIP **SEMINOLE FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **GOTTESMAN, ELAINE**
STREET ADDRESS **8325 112th St. N - Apt. 110**
CITY-ST-ZIP **Seminole, FL 33772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 607, 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: *Elaine Gottesman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

727-398-1090
Daytime Phone #

CR2E034 (10/02)