2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000049816

1. Entity Name



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90113 011 ***150.00

| MAGGIE LANE, INC. | | | | | | | | | |
|--|--|---|-----------------------|------------------|--|--------------------------------|---|-------------|-----------------|
| Principal Place 8467 109TH SEMINOLE FI | | Mailing Address 8467 109TH ST SEMINOLE FL 33772 | | | • | | | | |
| | | | | | | , | | | |
| 2. Principal f | Place of Business | 3. Mailing Address | | | | | { | | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Sta | de | City & State | | | | 4. 8 | FEI Number 59-3646208 | | oplied For |
| Zip | Country | Zip | | Countr | ry | 5. (| | 3.75 Add | ditional |
| | 6. Name and Address of Current I | Registered A | \gent | | | 7. N | Name and Address of New Registered Age | <u> </u> | |
| MARGARET LANE, JENNIFER | | | | | Name | | | · | |
| 8467 109 | • | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SEMINOLE FL 33772 | | | | | | | | | |
| | | | | | City | | FL | Zip Code | e |
| the obliga | ions of registered agent. | the purpose | of changing its re- | gistered | d office or registere | ed age | ent, or both, in the State of Florida. I am farr | iliar with, | and accept |
| SIGNATURE | | nd title if applicab | le. (NOTE: R | legistered | Agent signature required v | when re | einstating) DATE | | |
| · F | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 | | | • | | | 9. Election Campaign Financing | \$5.0 | 0 May Be |
| | Payable to Florida Department of | State | | | | | Trust Fund Contribution. | | to Fees |
| 10. | OFFICERS AND I | DIRECTORS | | 11. | | AD | DITIONS/CHANGES TO OFFICERS AND DI | RECTORS | 3 IN 11 |
| TITLE NAME | DPST MARGARET LANE, JENNIFER | | ☐ Delete | TITLE NAME | | | |] Change | ☐ Addition |
| STREET ADDRESS | 8467 109TH ST | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | | | CITY-S | ST-ZIP | | | | |
| TITLE NAME | | | Delete | TITLE | | | |] Change | ☐ Addition |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY-S | ST-ZIP | • | | | |
| TITLE NAME | منعتها والمدارة مستهيمة بهاستهان ال | | Delete | TITLE | | | an sol i samanan mana ang ang ang ang ang ang ang ang ang | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | | TADDRESS ST-ZIP | - | | | |
| TITLE | | | ☐ Delete | TITLE | | | | Change | Addition |
| NAME STREET ADDRESS | | | | NAME | . 40ppc00 | | | | |
| CITY-ST-ZIP | | | | CITY-S | TADDRESS ST-ZIP | | | | - |
| TITLE | 27 TAX | | ☐ Delete | TITLE | | | | Change | Addition |
| NAME | | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | STREET CITY-S | ADDRESS | | | | Ì |
| TITLE | | ** | ☐ Delete | TITLE | | • | | Change | Addition |
| NAME | | | | NAME | 100000 | | | - | ļ |
| STREET ADDRESS : CITY-ST-ZIP | | | | STREET CITY-S | T-ZIP | | | | |
| | ertify that the information supplied with t | his filina doe | s not qualify for the | | | tion 1 | 19.07(3)(i). Florida Statutes. I further certify: | hat the in | formation |

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: