

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90234 016 ***150.00

DOCUMENT # P01000107028

1. Entity Name

MEMORY LN., INC.

Principal Place of Business

4107 BELL TOWER CT.
ORLANDO FL 32812

Mailing Address

4107 BELL TOWER CT.
ORLANDO FL 32812

2. Principal Place of Business

4469 Hoffner Ave.

Suite, Apt. #, etc.

Orlando, FL

3. Mailing Address

4469 Hoffner Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

32812

Zip

Country US

Zip

32812

Country US

4. FEI Number

59-3753314

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAVENS, ELIZABETH
4107 BELL TOWER CT.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Elizabeth Havens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-13-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE: ☐ Delete

NAME: Elizabeth Havens
 STREET ADDRESS: 4107 Bell Tower Ct.
 CITY-ST-ZIP: Ori. FL 32812

TITLE: ☐ Delete

NAME: David Havens
 STREET ADDRESS: Vice President
 CITY-ST-ZIP: 4107 Bell Tower Ct.
 Ori. FL 32812

TITLE: ☐ Delete

NAME: Secretary
 STREET ADDRESS: Elizabeth Havens
 CITY-ST-ZIP: 4107 Bell Tower Ct.
 Ori. FL 32812

TITLE: ☐ Delete

NAME: Treasurer
 STREET ADDRESS: Elizabeth Havens
 CITY-ST-ZIP: 4107 Bell Tower Ct.
 Ori. FL 32812

TITLE: ☐ Delete

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Elizabeth Havens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 407-851-1888