

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-18-2003 90452 003 ***150.00

DOCUMENT # P02000037488			
1. Entity Name LANE MASSAGE CENTER, INC.			
Principal Place of Business 10221 PALM PLAZA #28 HIGHWAY 98 DESTIN FL 32550		Mailing Address 10221 PALM PLAZA #28 HIGHWAY 98 DESTIN FL 32550	
2. Principal Place of Business <i>Lane Massage Center, Inc.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>10221 Palm Plaza #28, Hwy 98</i>		Suite, Apt. #, etc.	
City & State <i>Destin, FL</i>		City & State	
Zip <i>32550</i>		Country <i>USA</i>	
4. FEI Number <i>01-0674159</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANE, ELIZABETH A 15 HIDDEN HARBOR LANE DESTIN FL 32541		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ELIZABETH A LANE OWNER, OFFICER, PRESIDENT 15 HIDDEN HARBOR DESTIN, FL 32550</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

JJ0J0J1U



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)