

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

FILED
 03 SEP 18 PM 2:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000122873 1. Entity Name OYSTER LANE CORPORATION					
Principal Place of Business 201 E. OCEAN DR. LANTANA, FL 33462			Mailing Address 201 E. OCEAN DR. LANTANA, FL 33462		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 01-0753956	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BOURNE, ROBERT E 521 LAKE AVE., SUITE 3 LAKE WORTH, FL 33460					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$61.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDROOS, KARL E 201 E. OCEAN DR. LANTANA, FL 33462	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Juden, Leo 201 E. Ocean Ave. #7 Lantana, FL 33462	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <u>Leo Juden, President</u>			(561) 588-0095 September 16, 2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)

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