

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90063 012 ***150.00

0332203

DOCUMENT # P94000086420

1. Entity Name

PARK LANE TROTTERS, INC.

Principal Place of Business

**6793 PARK LANE EAST
 LAKE WORTH FL 33467**

Mailing Address

**6793 PARK LANE EAST
 LAKE WORTH FL 33467**

919989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Sunshine Meadows

3. Mailing Address

Po Box 480278

Suite, Apt. #, etc.

16528 Winners Circle Dr.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33446

Country

Zip

33448

Country

4. FEI Number

65-0535302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

NOLAN, UTE

**6793 PARK LANE EAST
 LAKE WORTH FL 33467**

Name

Ute Nolan

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

18580 Ocean Mist Dr

City

Boca Raton

FL

Zip Code

33498

7. Name and Address of New Registered Agent

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

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

Ute M Nolan

01/11/01
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **D** ☐ Delete
 NAME **UTE, NOLAN**
 STREET ADDRESS **6793 PARK LANE EAST**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Ute Nolan**
 STREET ADDRESS **18580 OCEAN MIST DRIVE**
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Ute M Nolan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01
 Date

561-479-4804
 Daytime Phone #

CR2E034 (10/00)