2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 08:00 AM DOCUMENT # P9500004761 1. Entity Name **Secretary of State** LANE & ASSOCIATES FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 7036 US HIGHWAY 301 N 7036 US HIGHWAY 301N ELLENTON FL ELLENTON FL34222 34222 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0553937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A. ELIZABETH LANE 7036 US HIGHWAY 301N Street Address (P.O. Box Number is Not Acceptable) ELLENTON FL34222 US 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 03/12/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE X Delete TITLE ☐ Addition CR2E034 (11/00) MAME LANE A. ELIZABETH NAME 7036 US HIGHWAY 301N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ELLENTON FL 34222 CITY-ST-ZIP PT ☐ Delete TITLE X Change ☐ Addition NAME A. ELOZABETH LANE NAME LANE A. ELIZABETH STREET ADDRESS 7036 US HIGHWAY 301N STREET ADDRESS 7036 US HIGHWAY 301N CITY-ST-ZIP ELLENTON FL 34222 CITY-ST-ZIP ELLENTON FL34222 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

03/12/2001

Daytime Phone #

Date

SIGNATURE: __A. ELIZABETH LANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR