

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90039 026 ***150.00

DA/SM/2 AM

DOCUMENT # P97000043543

1. Entity Name
ROBERT E. LANE, D.M.D., P.A.

Principal Place of Business 6729 BOCA PINES TR BOCA RATON FL 33433	Mailing Address 6729 BOCA PINES TR BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1590 NW 10th Ave	3. Mailing Address 1590 NW 10th Ave
Suite, Apt. #, etc. 402	Suite, Apt. #, etc. 402
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33480	Country USA

4. FEI Number 65-0759160	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**LANE, ROBERT L D.M.D.
 443 POINCIANA DRIVE
 HALLANDALE FL 33009**

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: *Robert E Lane DMD* DATE: **1-8-02**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D LANE, ROBERT E D.M.D. 6729 BOCA PINES TR BOCA RATON FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert E Lane DMD* **SIGNATURE REQUIRED** DATE: **1-8-02** Daytime Phone #: **561-325-3503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)