

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000052405**

1. Entity Name

THE LANEY COMPANY

Principal Place of Business

4163 OXFORD AVE

#1

JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 72, ORTEGA STATION

JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~BEARDSLEY, DALE A~~

12 E BAY STREET

JACKSONVILLE FL 32202-3427

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **LANEY, ED**
STREET ADDRESS **P.O. BOX 72, ORTEGA STATION**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **President** ☒ Change ☐ Addition
NAME **LANEY, Edgar L.**
STREET ADDRESS **PO Box 72, Ortega Station**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **Vice President** ☐ Delete
NAME **LANEY, Ashley T.**
STREET ADDRESS **PO Box 72, Ortega Station**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **LANEY, Ashley T.**
STREET ADDRESS **PO Box 72, Ortega Station**
CITY-ST-ZIP **Jacksonville FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

9043896752

Daytime Phone #

0024665 AV

CR2E034 (9/01)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90343 017 ***150.00



DO NOT WRITE IN THIS SPACE