

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90212 049 \*\*\*150.00

DOCUMENT # **P97000058341**

1. Entity Name  
**SARA LANE INC**  
**YARN - Knitting**

Principal Place of Business  
**7444 Royal Palm Blvd**  
**MARGATE FL 33063**

2. Principal Place of Business  
**7444 Royal Palm Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MARGATE FL**

City & State

4. FEI Number  
**65-0765043**

Applied For  
Not Applicable

Zip  
**33063**

Country  
**FL**

Zip

Country

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

**SARA LANE**  
**7444 Royal Palm Blvd**  
**MARGATE FL 33063**

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 *Sara Lane*  
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

**SARA LANE pres.**

**6/14/03**

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 **PRES** ☐ Delete  
NAME **SARA LANE**  
STREET ADDRESS **7444 Royal Palm Blvd**  
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

2. 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 supplement is true and accurate and that my signature is empowered to execute this report as required by Section 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment.

SIGNATURE: *Sara Lane*

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

**5/13/03**

Date

**954/970-3471**

Daytime Phone #

Attachment #

55049481

**FEINSOD & ASSOCIATES, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

9970005834

MEMBER AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

NEW YORK STATE SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

8264 NW 44<sup>TH</sup> STREET  
CORAL SPRINGS, FLORIDA 33065  
(954) 227-6668 - FAX (954) 752-2812

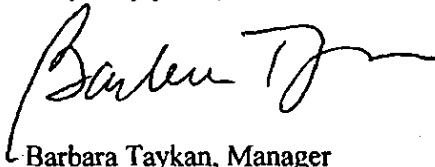
May 13, 2003

Secretary of State  
Tallahassee, Florida

To Whom it may Concern:

Please find enclosed the Annual Report for Sara Lane, Inc. d/b/a Yarn Knitting. Please accept the late filing as the client was dealing with illness and was unable until now to take care of any business matters. Thank you in advance for your assistance with this matter.

Very truly yours,



Barbara Taykan, Manager