FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P97000058825** KATHY LANE, INC. 01-19-2000 90088 007 ***150.00 Principal Place of Business Mailing Address N. NOVA ROAD 533 N. NOVA ROAD SUITE 115 00003944 ---- 115 **BEACH FL 32174** ORMOND BEACH FL 32174-4421 2. Principal Place of Business 3. Mailing Address 1445 Rosevalt Blvd. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 101 Applied For City & State 4. FEI Number City & State 59-3457230 Not Applicable Key West, F1 Zip Country \$8.75 Additional 5. Certificate of Status Desired 33040. USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLARK, JOSEPH P Street Address (P.O. Box Number is Not Acceptable) 533 N. NOVA ROAD SUITE 115 **ORMOND BEACH FL 32174** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) TITLE Delete Change LANE, KATHERINE J NAME NAME 101 N. PINE STREET, UNIT #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 Change TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #