

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074792

1. Entity Name

LANE BOWERS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90020 037 ***150.00

Principal Place of Business

Mailing Address

5654 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884

2408 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884-2121

CU018814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781248

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

~~BOWERS, LANE~~

2408 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884

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, 2000 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 PD ☐ Delete
NAME BOWERS, LANE
STREET ADDRESS 2408 CYPRESS GARDENS BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE VSTD ☐ Delete
NAME BOWERS, CYNTHIA
STREET ADDRESS 2408 CYPRESS GARDENS BLVD
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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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

Date

Daytime Phone #

2/1/00

863 318-9587