

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90118 013 ***150.00

DOCUMENT # P98000024632

1. Entity Name
FURTHER LANE, INC.

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| Principal Place of Business BOX 119 SALERNO FL 34992 | Mailing Address P.O. BOX 119 PORT SALERNO FL 34992-0119 |
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| 2. Principal Place of Business 3585 S.E. St. Lucie Blvd. Suite, Apt. #, etc. | 3. Mailing Address 3585 S.E. St. Lucie Blvd. Suite, Apt. #, etc. |
| City & State Stuart, FL. | City & State Stuart, FL. |
| Zip 34997 | Country Martin |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-0866261 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SELLIAN, EDWARD M 2800 S.E. MARKET PLACE STUART FL 34997 | |
| 7. Name and Address of New Registered Agent Name: Joseph Lehner Street Address (P.O. Box Number is Not Acceptable): 4110 S.E. Centerboard Ln., Stuart FL 34997 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SELLIAN, EDWARD M 6794 SE ISLE WAY STUART FL 34996 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. Lehner, Joseph 4110 SE Centerboard Ln. Stuart, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Joseph Lehner 4/18/00 561-286-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)