

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90226 027 \*\*\*150.00

**DOCUMENT # P98000071461**

**1. Entity Name**  
**GINGERBREAD LANE, INC.**



**Principal Place of Business**  
**4715 KIRBY LOOP ROAD**  
**FORT PIERCE FL 34981**

**Mailing Address**  
**4715 KIRBY LOOP ROAD**  
**FORT PIERCE FL 34981**

**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** **65-0858280**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**HALL, LINDA L**  
**4715 KIRBY LOOP ROAD**  
**FORT PIERCE FL 34981**

**7. Name and Address of New Registered Agent**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, LINDA L	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, CLARENCE F	
STREET ADDRESS	7655 14TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASQUEZ, SUSAN L	
STREET ADDRESS	4715 KIRBY LOOP ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, DEBORAH J	
STREET ADDRESS	4715 KIRBY LOOP ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, BARBARA A	
STREET ADDRESS	4715 KIRBY LOOP ROAD	
CITY-ST-ZIP	FORT PIERCE FL 34981	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Linda L. Hall* 3/18/03 792-4660550

Date

Daytime Phone #

CP2E034 (10/02)