

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P98000073085*

1. Entity Name
Andrea Lane Properties, Inc.

FILED

02 APR 16 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/16/02--01011--014

****150.00 ****150.00

2. Principal Place of Business
106 Havilland Point

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

4. FEI Number
59-3530820

Applied For
Not Applicable

Zip
32779

Country
USA

Zip

Country

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *BONNIE J. ROGERS*

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

106 HAVILLAND POINT

City *LONGWOOD*

FL

Zip Code
32779

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]*
Signature typed or printed name of registered agent, and this 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) ☒

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

11. OFFICERS AND DIRECTORS

TITLE
NAME *PSTD ROGERS, BONNIE J.*
STREET ADDRESS *106 Havilland Point*
CITY-ST-ZIP *LONGWOOD, FL 32779*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

Daytime Phone #

T BROWN APR 16 2002

CR2E034B (12/01)