

2001 UNIFORM BUSINESS REPORT (UBR)

01 OCT 29 PM 4: 05

1. The first step is to identify the problem. This involves understanding the current situation and what needs to be changed.

2. The second step is to set goals. These should be specific, measurable, achievable, relevant, and time-bound.

3. The third step is to develop a plan. This involves identifying the resources needed and the steps to be taken.

4. The fourth step is to implement the plan. This involves putting the plan into action and monitoring progress.

5. The fifth step is to evaluate the results. This involves comparing the actual results with the goals and making adjustments as needed.

DO NOT WRITE IN THIS SPACE

4. FBI Number **59-3534680**

Applied For
Not Applicable

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

LANIER, HARRY
1394 CATALINA BOULEVARD
DELTONA FL 32725

Name _____

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

City	FI	Zip Code
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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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	LANIER, MARIA	
STREET ADDRESS	1394 CATALINA BL	
CITY-ST-ZIP	DELTONA FL 32725	

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10000469
STREET ADDRESS	-11/21/01
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE NAME STREET ADDRESS	<div> <div>*****1556</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature on this report is the same legal effect as 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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/28/01 407340-3061

2052

LANIER TILE AND MARBLE
FLOORS • BATHS • COUNTERS • POOLS • ETC.

1394 Catalina Boulevard
Delftona, Florida 32725

Harry Lanier
(904) 532-1781

10-23-01

To whom it may concern,
We never recieved the paperwork for
Annual report / business report until
the middle of August. Here again
is the check for \$150.00 and this
letter.

Thank you,
Maria Harry
Lanier