## 06-19-2001 900051009 \*\*\* 150.00 P9\$000088944

DECRETARY OF STATE DIVISION OF CORPORATIONS

01 JUL -2 AM 11:27

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## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088944

1. Entity Name

LANES COURTYARD, INC.

Principal Prace of Business

Mailing Address

14110 PERDIDO KEY DR APT A & B PENSACOLA FL 32507 14110 PERDIDO KEY DR APT A & B PENSAGOLA FL 32507

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2. Principal P	lace of Business	3. Mailing Address 13880 PERDIDO KEY DR			R	THE PROPERTY OF PERSONAL PRINCE PRINCE OF STATES HERE STATES THE PERSON PRINCE					
Suite, Apt. #, etc.		Suite, Apt. #, atc. PEWSACOLA FL					DO NOT	WRITE IN THIS	1		
City & Stat	e	City & State				4. FEI Num	ber 59-354	5706		plied For I Applicable	
Zip	Country	<sup>z<sub>ip</sub></sup> 32507	Country D			5. Certifical	le of Status Desi	ed 🗎	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
				Name .							
	e, Sharon			Street Address (P.O. Box Number is Not Acceptable)							
	PONTE VERDE DR										
PENSACOLA FL 32507									ŀ		
				City	<del></del>		<del></del>	F	Zip Code	<del>,</del> {	
		· .		<b>V</b> 17		<u> </u>					
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.											
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SIGNATURE										4.7	
Signisture, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance)  DATE:											
9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00							1 May Bo				
Tax filing regularment and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution.								to Fees			
(See criteria on back) Make Check Payable to Department of State											
11.	OFFICERS AND		12.		: 4 5	ADDITION	S/CHANGES TO	OFFICERS AN			
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CITY-ST-ZIP											

13. I hereby certify that the information supplied with this filling 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 without address, with all other the empowered.

SIGNATURE:

SALUTO LANO
HATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 850-492540

CH2E034 (10/00)