

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90935 002 *****8.75
 05-05-2001 90935 001 ***150.00

DOCUMENT # **99000002290**

1. Entity Name
GEORGE E. LANE, PA

Principal Place of Business: **193 CORAL WAY E. INDIALANTIC, FLA. 32903**
 Mailing Address: **193 CORAL WAY E. INDIALANTIC, FLA. 32903**

42401

2. Principal Place of Business: **193 CORAL WAY E.**
 Suite, Apt. #, etc. _____
 3. Mailing Address: **193 CORAL WAY E.**
 Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State: **INDIALANTIC, FLA.**
 Zip: **32903** Country: **USA**
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 Zip: **32903** Country: **USA**

4. FEI Number: **59-3553675** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GEORGE E. LANE
193 CORAL WAY E.
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent
 Name: **N/A**
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____
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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. **D, P, T, S** OFFICERS AND DIRECTORS

TITLE	LANA, GEORGE E.	<input type="checkbox"/> Delete
NAME	193 CORAL WAY E.	
STREET ADDRESS	INDIALANTIC, FL 32903	
CITY-ST-ZIP		
TITLE	D, VP	<input checked="" type="checkbox"/> Delete
NAME	LANE, MARY LOU	
STREET ADDRESS	193 CORAL WAY E.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANA, GEORGE E.	
STREET ADDRESS	193 CORAL WAY E.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
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		

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: **George E. Lane (GEORGE E. LANE)** **APRIL 22, 2001** **321.775446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)