

**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 <b>193 CORAL WAY E          INDIALANTIC, FLA.          32903</b>	Mailing Address <b>193 CORAL WAY E.          INDIALANTIC, FLA.          32903</b>
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42401

2. Principal Place of Business <b>193 CORAL WAY E.</b>	3. Mailing Address <b>193 CORAL WAY E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>INDIALANTIC, FLA.</b>	City & State <b>INDIALANTIC, FLA.</b>	4. FEI Number <b>59-3553675</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32903</b>	Country <b>USA</b>	Zip <b>32903</b>	Country <b>USA</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 **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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D, P, T, S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LANE, GEORGE E.</b>		NAME <b>LANE, GEORGE E.</b>	
STREET ADDRESS <b>193 CORAL WAY E.</b>		STREET ADDRESS <b>193 CORAL WAY E.</b>	
CITY-ST-ZIP <b>INDIALANTIC, FL 32903</b>		CITY-ST-ZIP <b>INDIALANTIC, FL 32903</b>	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D, VP</b>		NAME	
STREET ADDRESS <b>LANE, MARY LOU</b>		STREET ADDRESS	
CITY-ST-ZIP <b>193 CORAL WAY E.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>INDIALANTIC, FL 32903</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)