

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90069 011 ***150.00

DOCUMENT # P99000014555

1. Entity Name

LANE QUICK HAULER, INC.

Principal Place of Business

Mailing Address

13341 Hexam Rd.
Brooksville, FL 34613-3817

Mr James Lane
13341 Hexam Rd
Brooksville, FL 34613-3817

2. Principal Place of Business

13341 HEXAM RD.
Suite, Apt. #, etc.

3. Mailing Address

13341 HEXAM RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BROOKSVILLE FL.

City & State
BROOKSVILLE FL.

4. FEI Number
59-3556707

Applied For
Not Applicable

Zip
34613

Country
HERNANDO

Zip
34613

Country
HERNANDO

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

Name
JAMES B. LANE

Street Address (P.O. Box Number is Not Acceptable)
13341 HEXAM RD.

City
BROOKSVILLE FL Zip Code
34613

Mr James Lane
13341 Hexam Rd
Brooksville, FL 34613-3817

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 JAMES B. LANE PRES. James B. Lane 4-20-00
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, 2000 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: James B. Lane JAMES B. LANE, PRES. 4-20-00 596-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #