

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048231

1. Entity Name

LANE POWER SYSTEMS, INC.

Principal Place of Business

Mailing Address

13341 Hexam Rd
Brooksville, FL. 34613-3817

13341 Hexam Rd
Brooksville, FL. 34613-3817

2. Principal Place of Business

13341 HEXAM RD.

3. Mailing Address

13341 HEXAM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL.

City & State

BROOKSVILLE, FL

4. FEI Number

59-345 6979

Applied For

Not Applicable

Zip

34613

Country

HEARNANDO

Zip

34613

Country

HEARNANDO

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

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

X4-20-00

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	D	<input type="checkbox"/> Delete
NAME	HIGDON, WENDY B	
STREET ADDRESS	20 S. BROAD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, JAMES B	
STREET ADDRESS	20 S. BROAD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
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		

TITLE	V.P.-SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13341 HEXAM RD.	
CITY-ST-ZIP	BROOKSVILLE, FL. 34613	
TITLE	PRES. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13341 HEXAM RD.	
CITY-ST-ZIP	BROOKSVILLE, FL. 34613	
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:

JAMES B. LANE, PRES.

X4-20-00 352 596 8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE