

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 036 ***150.00

DOCUMENT # *999000049174*

1. Entity Name

AMPLE LANE, Inc.



DO NOT WRITE IN THIS SPACE

30047013

2. Principal Place of Business

319 South Garden Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Florida

City & State

4. FEI Number

59-3629966

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Paul B. Johnson

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

112 South Magnolia Avenue

City

Tampa

FL

Zip Code
33601

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul B. Johnson

(NOTE: Registered Agent signature required when reinstating)

2/10/03
DATE

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/AT Mrs. Christine Revell 319 S. Garden Ave, Clw, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs. Lau'ri Webster 319 S. Garden Ave, Clw, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Greg Gorgone 319 S. Garden Ave, Clw, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mrs. Laurie Englehart 319 S. Garden Ave, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mrs. Lena Selva 319 S. Garden Ave, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Mrs. Sheila Ramon (Essilfie) 319 S. Garden Ave, Fl 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila D. Ramon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Feb 2003 727-467-6958
Date Daytime Phone #

CR2ED34B (12/02)

Attachment

90027015

P99000049174

*Addendum to Block 10
2003 UBR Report
Ample Lane, Inc.*

AT
Mrs. Mary Huber
118 North Fort Harrison Avenue, Clearwater, Florida 33755

End