

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104011

1. Entity Name

CHINA LANE EXPRESS, INC.

FILED

NOV 28 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1500 SO. BAY STREET
EUSTIS FL 32726

Mailing Address

1500 SO. BAY STREET
EUSTIS FL 32726

2. Principal Place of Business

342 W. BURLEIGH BLVD 342 W. BURLEIGH BLVD

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAYLARS, FL

City & State

TAYLARS, FL

4. FEI Number

59-3610908

Applied For

Not Applicable

Zip

32728

Country

LAKE

Zip

32728

Country

LAKE

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

SANDRA L. JOHNSON

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

1500 S. BAY STREET

City

EUSTIS

FL

Zip Code

32726

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

11/17/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	1500 SO. BAY STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SANDRA L	
STREET ADDRESS	1500 SO. BAY STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANK P	
STREET ADDRESS	1500 SO. BAY STREET	
CITY-ST-ZIP	EUSTIS FL 32726	
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		<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
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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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/00 (352)
343-5788

CR2E034 (500)