

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90489 040 \*\*\*150.00

**DOCUMENT # S80387**

1. Entity Name

ART LANE'S TIME AND AGAIN, INC. ✓

Principal Place of Business  
 3725 S. DIXIE HWY.  
 WEST PALM BEACH FL 33405

Mailing Address  
 3725 S. DIXIE HWY.  
 WEST PALM BEACH FL 33405

32506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0284748

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GLAZER, LAURENCE  
 20281 EAST COUNTRY CLUB DR  
 SUITE 212  
 ADVENTURA FL 33180

Name: ARTHUR LANE

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

2538 N.E. 8TH STREET

City FORT LAUDERDALE

FL

Zip Code 33304

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

NO LONGER PRACTICING. Arthur Lane

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, 2002 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 P LANE, ARTHUR D ☐ Delete  
 STREET ADDRESS 2538 NE 8TH ST  
 CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE  
 NAME ☐ Change ☐ Addition  
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur D. Lane 4-7-02  
 ARTHUR D. LANE Date 1/25/02 Daytime Phone # 561-655517

CR2E034 (9/01)