2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$92236** LANE'S CUSTOM PICTURES AND FRAMES, INC. 04-26-2001 90019 025 ***150.00 Principal Place of Business Mailing Address 12200-2 SAN JOSE BLVD 12200-2 SAN JOSE BLVD. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business 3. Mailing Address 13200 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, WILLIAM I. JR. Street Address (P.O. Box Number is Not Acceptable) 12200-2 SAN JOSE BLVD. JACKSONVILLE FL 32223 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition LANE, WILLIAM I. JR. NAME NAME 6449 JACK WRIGHT ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGEDALE FL 32092** CITY - ST- 7IP TITLE ☐ Delete Addition TITLE Change LANE, LISA ANNE NAME NAM5 6449 JACK WRIGHT ISLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ORANGEDALE FL 32092 CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P City_St_7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P

13. I hereby certify that the information supplied with this filling 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF