02-11-2002 90027 025 \*\*\*150.00

## FILED Feb 11, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR) V04316 DOCUMENT # 1. Entity Name COGAN & LANE, INC. Principal Place of Business Mailing Address 2415 N. UNIVERSITY DR 2415 N. UNIVERSITY DR CORAL SPRINGS FL 33065 SUITE 310



Suite, Apt. #, ofc.  Suite, Ap	COHAL SPRINGS FL 33065								
City & State    City & State   City & State   City & State   Country   Country   State   Country   State   Country   State   Country   State   Status Desired   Status Desired Agent   Status Desired   Status Desired Agent   Status Desi	2. Principal Place of Business		3. Mailing Address				IIIII DIDII BIBII DI	JII BIRII (84)	
Country   Zip   Country   S. Certificatio of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State		City & State		<b>4.</b> F	65-0304758	<u> </u>		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. (	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
The gbove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  IGNATURE    Signature, speed or prirate here of registered agent and stell it applicable.   (MOTE Registered Agent segnature required when revisioning)   DATE				Name	Name				
City	Lane, haf	ROLD	Street Address		ess (P.O. Box Number is Not Acceptable)				
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.    Interval   Signature, hyped or proread name of registered agent and stde if applicable   (NOTE. Registered Agent signature required when reinstalling)	7080 ENVI	RON BLVD #421	3,735,740,733			,			
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.    International Components of the purpose of changing its registered agent agent agent, or both, in the State of Florida.	FORT LAU	DERDALE FL 33319							
IGNATURE    Signature, typed or printed name of registered agent and tate if applicable   (NOTE Registered Agent signature required when rematating)   DATE				City		FI	Zip Code	3	
IGNATURE    Signature, typed or printed name of registered agent and tate if applicable   (NOTE Registered Agent signature required when rematating)   DATE	8. The above	named entity submits this statement for	or the purpose of changing its	registered office or reg	gistered ag	ent, or both, in the State of Florida.		W-W-	
Signature, typed or printed name of registered apert and time if applicable (NOTE: Registered Apert signature required when renstation)  3. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE DCGGAN, HOWARD 2415 N. UNIVERSITY DR COCRAL SPRINGS FL  TILE MAME AME AME AME AME AME AME AME AME A	•		,		_				
Signature, typed or printed name of registered apert and time if applicable (NOTE: Registered Apert signature required when renstation)  3. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE DCGGAN, HOWARD 2415 N. UNIVERSITY DR COCRAL SPRINGS FL  TILE MAME AME AME AME AME AME AME AME AME A	COLUMNITY IDE								
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  COGAN, HOWARD 2415 N. UNIVERSITY DR CORAL SPRINGS FL  TILE  D	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	equired when re	einstating) DATE			
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  1. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  COGAN, HOWARD 2415 N. UNIVERSITY DR CORAL SPRINGS FL  TILE  D	• This corpo	ration is aligible to satisfy its Intensible	FILE NOW!	U FFF IS \$150.00				_	
I. OFFICERS AND DIRECTORS  1. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAKE  COGAN, HOWARD  2415 N. UNIVERSITY DR  CORAL SPRINGS FL  TILE  LANE, HAROLD  2415 N UNIVERSITY DR  CORAL SPRINGS FL  TITLE  NAME  STREET ADDRESS  STY-ST-ZIP  TITLE  NAME  CORAL SPRINGS FL  TITLE  NAME  STREET ADDRESS  STY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADD	•						\$5.0	U May Be	
TITLE AME AME AME AME AME AME AME AME AME AM	•					Trust I and Commission.	— ∧00€0	10 1 663	
AME AME TREET ADDRESS TITY-ST-ZIP TITLE AME TREET ADDRESS TRET ADDRESS TREET ADDRESS TITY-ST-ZIP TITLE TREET ADDRESS TRY-ST-ZIP TITLE TREET ADDRESS TREET ADDRESS TREET ADDRESS TRY-ST-ZIP TRY-ST-	11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11	
TREET ADDRESS CORAL SPRINGS FL  THE  AMME AMME AMME AMME AMME AMME AMME A	TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
CORAL SPRINGS FL  CITY-ST-ZIP  CORAL SPRINGS FL  CITY-ST-ZIP  CHANE  LANE, HAROLD  2415 N UNIVERSITY DR  CORAL SPRINGS FL  CITY-ST-ZIP  CHANGE  AME  ITHEE  AME  ITHEE  AME  ITHEE  AME  ITHEE  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  CHANGE  Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition				NAME					
TILE AME AME AME TREET ADDRESS LITY-ST-ZIP TOTAL AME				I 1					
AME TREET ADDRESS TREET ADDRES	CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP					
TREET ADDRESS CORAL SPRINGS FL  STREET ADDRESS CITY-ST-ZIP  TITLE  IAME ITHEET ADDRESS STREET AD	TITLE	=	☐ Delete				☐ Change	Addition	
CORAL SPRINGS FL  CITY-ST-ZIP  TITLE  IAME ITREET ADDRESS ITY-ST-ZIP  TITLE  IAME ITREET ADDRESS ITY-ST-ZIP  TITLE ITTLE	NAME								
TITLE IAME IAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE ITTL									
NAME	CHY-SI-ZIP	CURAL SPHINGS FL				AND THE RESERVE OF THE PARTY OF	Change		
TREET ADDRESS HTY-ST-ZIP  TILE Delete TITLE NAME TREET ADDRESS HTY-ST-ZIP  TILE OF Change Addition NAME STREET ADDRESS HTY-ST-ZIP  TILE OF Change Addition NAME STREET ADDRESS HTY-ST-ZIP  TILE OF Change Addition	TITLE		L. Delete				Change	☐ AQUIIIOII	
CITY-ST-ZIP									
TILE									
NAME	·			TITLE			☐ Change	Addition	
TREET ADDRESS  ITY-ST-ZIP  TILE  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  Change Addition	NAME		Delete				_ ,	_	
TYY-ST-ZIP	STREET ADDRESS			STREET ADDRESS					
Defecte	CITY-ST-ZIP			CITY-ST-ZIP					
	TITLE		☐ Delete	TITLE			☐ Change	Addition	
	NAME			NAME					
	STREET ADDRESS								
	CITY-ST-ZIP		190	CITY-ST-ZIP					
TILE Delete · TITLE Change Addition	TITLE		☐ Delete	· TITLE			☐ Change	Addition	
	NAME								
■	STREET ADDRESS		;						
OTY-ST-ZIP  CITY-ST-ZIP  CITY-S	CITY-ST-ZIP		h this filing does not munit. In		in Section	110 07(3)(i) Florida Statutes I further o	ertify that the i	oformation	

Interest certify that the information supplied with this hing 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 of 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: