# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: PAUL J LANE

Electronic Signature of Signing Officer/Director Detail

## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P99000104116

### Entity Name: PAUL J. LANE, ESQ., PROFESSIONAL ASSOCIATION

### Current Principal Place of Business:

7880 N UNIVERSITY DR SUITE 200 TAMARAC, FL 33321

#### **Current Mailing Address:**

7880 N UNIVERSITY DR SUITE 200 TAMARAC, FL 33321

#### FEI Number: 65-0971164

#### Name and Address of Current Registered Agent:

LANE, PAUL J 7880 N UNIVERSITY DR SUITE 200 TAMARAC, FL 33321 US

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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitlePDNameLANE, PAUL JAddress7880 N UNIVERSITY DR, STE 200City-State-Zip:TAMARAC FL 33321

FILED Jan 28, 2013 Secretary of State CC4829189467

Certificate of Status Desired: No

Date

Ρ