

2007 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 656977

1. Entity Name
LAMBCO CORPORATION INC.



FILED
Apr 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
420 BEACH RD
SARASOTA FL 34242

Mailing Address
420 BEACH RD
SARASOTA FL 34242



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1974443

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

MESHAD, JOHN W
1900 RINGLING BLVD
SARASOTA FL 33577

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOFINO, CHARLES J.
STREET ADDRESS 420 BEACH ROAD
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE DVP
NAME LOFINO, MICHAEL D.
STREET ADDRESS 628 BEACH ROAD
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE DC
NAME GIGANTE, BARBARA
STREET ADDRESS 50 HILLVIEW LANE
CITY-ST-ZIP STATEN ISLAND NY ☐ Delete

TITLE DVP
NAME GIGANTE, ROBERT
STREET ADDRESS 50 HILLVIEW LANE
CITY-ST-ZIP STATEN ISLAND NY ☐ Delete

TITLE DT
NAME LOFINO, MICHAEL JR.
STREET ADDRESS 628 BEACH ROAD
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U000000116679
04/16/04-80075-013 150.00

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

Daytime Phone #

941-349-7668