

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90172 028 \*\*\*150.00

**DOCUMENT # P96000103428**



1. Entity Name  
**LAMBRIX/BUSH WAREHOUSING, INC.**

Principal Place of Business  
**8140 BLAIKIE COURT  
UNIT D  
SARASOTA FL 34240**

Mailing Address  
**1832 E LEEWYNN DRIVE  
SARASOTA FL 34240**



2. Principal Place of Business

3. Mailing Address  
**8140 Blaikie Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**UNIT D**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**SARASOTA FL**

4. FEI Number  
**65-0738296**

Applied For  
 Not Applicable

Zip

Country

Zip  
**34240** Country  
**USA**

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

**BUSH, DIANE R  
1832 E LEEWYNN DRIVE  
SARASOTA FL 34240**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8140 BLAIKIE COURT  
UNIT D**  
City  
**SARASOTA FL** Zip Code  
**34240**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	BUSH, JOHN W	1832 E LEEWYNN DRIVE	SARASOTA FL 34240	<input type="checkbox"/>
DST	BUSH, DIANE R	1832 LEEWYNN DRIVE	SARASOTA FL 34240	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		8140 Blaikie Ct, Unit D	SARASOTA, FL 34240	<input type="checkbox"/>	<input type="checkbox"/>
		8140 Blaikie Ct, Unit D	SARASOTA, FL 34240	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* **DIANE R. Bush** 4/3/03 (941) 951-2447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)