

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90074 021 ***150.00

DOCUMENT # 141260

1. Entity Name
LAMPKIN LABORATORIES, INC.



Principal Place of Business
**12297 US HWY 41 NORTH
PALMETTO FL 34221**

Mailing Address
**12297 US HWY 41 NORTH
PALMETTO FL 34221**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0572810**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROESEL, JOHN JR
12297 US HWY 41 NORTH
PALMETTO FL 34221**

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 **JOHN ROESEL, JR**

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 **CD** ☒ Delete
NAME **ROESEL, JOHN F., JR.**
STREET ADDRESS **1245 133TH ST. NE**
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **TD** ☒ Delete
NAME **BARBER, RONNIE J.**
STREET ADDRESS **5705 25TH ST., W.**
CITY-ST-ZIP **BRADENTON FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **BARBER, RONNIE J**
STREET ADDRESS **5705 25TH ST W**
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE **PD** ☒ Delete
NAME **ZIMMER, SCOTT**
STREET ADDRESS **1343 MAIN STREET SUITE 400**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **V/D** ☒ Change ☐ Addition
NAME **ROESEL, JOHN F., JR**
STREET ADDRESS **1245 133TH ST NE**
CITY-ST-ZIP **BRADENTON, FL 34212**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C/S/T/D** ☐ Change ☒ Addition
NAME **OAKLEY, RONALD E**
STREET ADDRESS **13126 HWY 301**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Ronnie J Barber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONNIE J BARBER 4/17/03 941-722-1600
Date Daytime Phone #

0550642 AV

CR2E034 (10/02)