## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
1930 MONTGOMERY PL.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

JACKSONVILLE FL 32205

DOCUMENT #

Principal Place of Business

1930 MONTGOMERY PL.

JACKSONVILLE FL 32205

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

253076

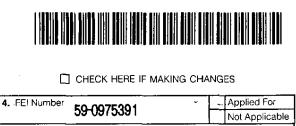
1. Entity Name LAMB'S, INC.



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90134 020 \*\*\*150.00

90013731



MCMURRY, JIM 4435 EMERSON ST JACKSONVILLE FL 32205

Name	•			
Street Address (P.O. Box	Number is Not Accepta	able)		H-
		<b></b>		
City			Zip Code	

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

38. 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.

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAMB, BRONSON E. JR. NAME 1930 MONTGOMERY PLACE STREET ADORESS STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME LAMB, JOY HOWELL NAME STREET ADDRESS 1930 MONTGOMERY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL TITLE ☐ Defete TITLE ☐ Change Addition NAME WILLIAMS, PEGGY SUE NAME STREET ADDRESS STREET ADDRESS 1920 MONTGOMERY PLACE CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-28-2007

904 3885148

Daytime

CHZE034 (10/C