

DOCUMENT # 334994

1. Entity Name

LAKELAND RUBBER STAMP CO



FILED
Apr 09, 2007 08:00 AM
Secretary of State



Principal Place of Business

721 EAST PALMETTO STREET
LAKELAND FL 33801

Mailing Address

721 EAST PALMETTO STREET
LAKELAND FL 33801

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1232875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONSON, JAMES C.
721 E PALMETTO ST
LAKELAND FL 33801

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, 2007 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 | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------------------|-----------------------|-----------------|-------|------|----------------|-----------------|
| D | BRONSON, JAMES C | 407 PUEBLO TRAIL | LAKELAND FL | | | | |
| VS | HOOD, THOMAS | 810 S BLVD | LAKELAND FL | | | | |
| D | HOOD, THOMAS | 810 S BLVD | LAKELAND FL | | | | |
| PT | BRONSON JAMES C | 407 PUEBLO TRAIL | LAKELAND FL | | | | |
| D | BRONSON, DOUGLAS | 1240 STRATON COURT W. | LAKELAND FL | | | | |
| | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3/9/07 863-682-5111

Date

Daytime Phone #