## **11 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 07, 2001 8:00 am Secretary of State CUMENT # F0000004300 E ROBERT L. LAMBERT CORPORATION, INC. 04-07-2001 90015 025 \*\*\*150.00 pal Place of Business Mailing Address JT BOYLE C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY **UUUZD/// 'GH TERRACE** N 89509 POMPANO BEACH FL 33062 icipal Place of Business 3. Mailing Address te, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE v & State City & State Applied For 4. FEI Number 88-0466226 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACLEAN, LAURA G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062 Zip Code Fl above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **TURE** Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PCD ☐ Change Addition Delete LAMBERT, ROBERT L NAME 23 ISLA BAHIA STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33062 Delete ☐ Change Addition MACLEAN, FREDERICK R SR. NAME 2600 N.E. 14TH STREET CAUSEWAY STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE Change Addition Delete MACLEAN, ANNE B NAME ---2600 N.E. 14TH STREET CAUSEWAY STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP ☐ Addition ☐ Defete MACLEAN, FREDERICK R JR. 2600 N.E. 14TH STREET CAUSEWAY STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Defete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP

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 is 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 on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an attact ment with an address, with all other like empowered.

03041 L. LAMBORT 3-22-01 954-524-498 SIGNATURE AND TYPED OF PER