

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90231 002 ***150.00

DOCUMENT # F95000003096

1. Entity Name
LAMBERT MANAGEMENT GROUP, INC.



Principal Place of Business
**2562 CARTER GROVE CIR.
WINDERMERE FL 34786**

Mailing Address
**2562 CARTER GROVE CIR.
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

4. FEI Number
59-3312317

Applied For
Not Applicable

Zip Country

34786-2382 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

**LAMBERT, MARILYN
2562 CARTER GROVE CIRCLE
WINDERMERE FL 34786**

Name **LAMBERT, JOSEPH**
Street Address (P.O. Box Number is Not Acceptable)
2562 CARTER GROVE CIRCLE
City **WINDERMERE** FL Zip Code **34786**

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 *Joseph Lambert*
Signature, typed or printed name of registered agent and title if applicable

JOSEPH LAMBERT
(NOTE: Registered Agent signature required when reinstating)

3/13/03
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 ☒ Delete
NAME **CP.**
STREET ADDRESS **LAMBERT, MARILYN**
CITY-ST-ZIP **2562 CARTER GROVE CIRCLE**
WINDERMERE FL 34786

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

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **LAMBERT, JOSEPH**
CITY-ST-ZIP **2562 CARTER GROVE CIRCLE**
WINDERMERE FL 34786

TITLE ☒ Change ☒ Addition
NAME **CPSTD**
STREET ADDRESS
CITY-ST-ZIP

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
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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: *Joseph Lambert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03 407 509 7630
Date Daytime Phone #

CR2E034 (10/02)