

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001436**

1. Entity Name

THE LAMPE COMPANY, INCORPORATED**FILED**
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 013 ***150.00

0133204 AT

Principal Place of Business

**235 EAST MARKET STREET
SMITHFIELD NC 27577**

Mailing Address

~~**235 EAST MARKET STREET
SMITHFIELD NC 27577**~~
P.O. Box 608

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1577568

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PCD
LAMPE II, JOHN H
235 EAST MARKET STREET
SMITHFIELD NC**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
LAMPE JR, ROSS W
235 EAST MARKET STREET
SMITHFIELD NC**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SD
LAMPE, GUY L
235 EAST MARKET STREET
SMITHFIELD NC**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD
LAMPE, TEMPE A
235 EAST MARKET STREET
SMITHFIELD NC**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-23-01

Daytime Phone #

919-934-3041

CR2E034 (5/01)