

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90185 026 ***150.00

DOCUMENT # G80269

1. Entity Name
LAMPE TRADING, INC.



Principal Place of Business
**4301 N. FEDERAL HWY
SUITE 200
FORT LAUDERDALE FL 33308-5209
US**

Mailing Address
**4301 N. FEDERAL HWY
SUITE 200
FT LAUDERDALE FL 33308
US**



2. Principal Place of Business
**3080 N.E. 47th Ct
Suite, Apt. #, etc.
204**

3. Mailing Address
**3080 N.E. 47th Ct
Suite, Apt. #, etc.
204**

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **59-2368276**

Applied For
Not Applicable

Zip Code Country
33308-5343 US

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33308-5343 US

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

**LAMPE, DONALD E
4301 N. FEDERAL HIGHWAY SUITE 200
FORT LAUDERDALE FL 33308**

Name
Street Address (P.O. Box Number is Not Acceptable)
**2200 S. Ocean Lane # 802
Ft Lauderdale, FL**
City **FL** Zip Code **33316-3832**

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 *Donald E Lampe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPE, DONALD E. 4301 N. FEDERAL HWY SUITE 200 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMPE, CLOTILDE R. 4301 N. FEDERAL HWY SUITE 200 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT LAMAN, NANCY C. 4301 N. FEDERAL HWY SUITE 200 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 S Ocean Lane #802 Ft Lauderdale, FL 33316-3830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	22 S Ocean Lane #802 Ft. Lauderdale, FL 33316-3832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3080 N.E. 47th Ct #204 Ft. Lauderdale, FL 33308-5343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy C Laman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

954-493-9724

Date

Daytime Phone #

CR2E034 (10/02)