

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H49317

1. Entity Name

LAMMS CHINA, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90180 048 ***150.00

Principal Place of Business

Mailing Address

C/O ANNE A. MEYER
3901 SE ST. LUCIE BLVD. #52
STUART FL 34997

C/O ANNE A. MEYER
3901 SE ST. LUCIE BLVD. #52
STUART FL 34997-6155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **49-2521140**

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

MEYER, ANNE A.
3901 SE ST. LUCIE BLVD.
#52
STUART FL 33494

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MEYER, SUE M.	
STREET ADDRESS	3901 SE ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, WILLIAM A.	
STREET ADDRESS	26 BIRCH DRIVE	
CITY-ST-ZIP	MT. KISCO NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, JOANNE A.	
STREET ADDRESS	RUSSEL AVE., P.O. BOX 55	
CITY-ST-ZIP	RHINECLIFF NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURTON, LAURA MEYER	
STREET ADDRESS	12 WILLOW STREET	
CITY-ST-ZIP	BEACON NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, MARGARET C.	
STREET ADDRESS	136 DEANN ST.	
CITY-ST-ZIP	COPPELL TX	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MEYER, ANNE A.	
STREET ADDRESS	3901 SE ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

MEYER, LAURA R.
353 VERPLANCK AVE
BEACON, NEW YORK 12508

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

1/8/2000 (561-287 7222)
Date Daytime Phone #

CR2E034 (9/99)