

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0068998 AV

DOCUMENT # H49317

1. Entity Name
LAMMS CHINA, INC.

02-04-2002 90185 021 ***150.00

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

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



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, 2002 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 ☐ Delete
NAME **D MEYER, SUE M.**
STREET ADDRESS **3901 SE ST. LUCIE BLVD.**
CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete
NAME **D MEYER, WILLIAM A**
STREET ADDRESS **100 BRUNDALE RIDGE**
CITY-ST-ZIP **BEDFORD NY 10506**

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

TITLE ☐ Delete
NAME **D MEYER, JOANNE A.**
STREET ADDRESS **RUSSEL AVE., P.O. BOX 55**
CITY-ST-ZIP **RHINECLIFF NY**

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

TITLE ☐ Delete
NAME **D MEYER, LAURA R**
STREET ADDRESS **353 VERPLANCK AVE**
CITY-ST-ZIP **BEACON NY 12508**

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

TITLE ☐ Delete
NAME **D MEYER, MARGARET C.**
STREET ADDRESS **136 DEANN ST.**
CITY-ST-ZIP **COPPELL TX**

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

TITLE ☐ Delete
NAME **DP MEYER, ANNE A.**
STREET ADDRESS **3901 SE ST. LUCIE BLVD.**
CITY-ST-ZIP **STUART FL**

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

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: ANNE A. MEYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 (561) 287-7272
Date Daytime Phone #

CR2E034 (9/01)