

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90721 047 \*\*\*150.00

0566015 AV

**DOCUMENT # J49197**

1. Entity Name  
**L.A.M. REALTY, INC.**



Principal Place of Business  
**901 VENETIA BAY BLVD  
SUITE 300  
VENICE FL 34292  
US**

Mailing Address  
**901 VENETIA BAY BLVD  
SUITE 300  
VENICE FL 34292  
US**



2. Principal Place of Business  
**330 SO. PINEAPPLE AVE  
Suite, Apt. #, etc.  
SUITE 204**

3. Mailing Address  
**P.O. BOX 15430  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

4. FEI Number **59-2752638**

Applied For  
☐ Not Applicable

Zip Country  
**34236 SARASOTA**

Zip Country  
**34277 SARASOTA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MERRILL, ANNE L  
1610 STICKEY POINT ROAD  
SUITE 201  
SARASOTA FL 34231**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MERRILL, ANNE L</b>	
STREET ADDRESS	<b>1610 STICKEY POINT ROAD, #201</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**ANNE L. MERRILL**

**4/20/03 941/544-4750**  
Date Daytime Phone #

CR2E034 (10/02)