

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55976

1. Entity Name

BRIAN M. LAMBERT, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90049 011 ***150.00

Principal Place of Business

Mailing Address

% BRIAN LAMBERT

% BRIAN LAMBERT

~~606 S. PALMWAY~~

~~606 S. PALMWAY~~

LAKE WORTH FL 33460

LAKE WORTH FL 33460-0024

2. Principal Place of Business

3. Mailing Address

861 Fathom Road

861 Fathom Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

65-0187695

Applied For

Not Applicable

Zip

Country

Zip

Country

33408

33408

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

LAMBERT, BRIAN

~~606 SOUTH PALMWAY~~

~~LAKE WORTH FL 33460~~

Name

Street Address (P.O. Box Number is Not Acceptable)

861 Fathom Road

City North Palm Beach

FL

Zip Code 33408

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 ☐ Delete
NAME D
STREET ADDRESS LAMBERT, BRIAN
CITY-ST-ZIP 606 S. PALMWAY
LAKE WORTH FL

TITLE ☒ Change ☐ Addition
NAME 861 Fathom Road
STREET ADDRESS North Palm Beach, FL. 33408
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)