

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65778

1. Entity Name

LAMBERT ERECTORS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90297 043 ***150.00

Principal Place of Business

118 FAIRWAY DR
~~204 BAMBOO DR~~
SANFORD FL 32771
US

Mailing Address

118 FAIRWAY DR
SANFORD FL 32771-3632
US

2. Principal Place of Business

118 FAIRWAY DR.
Suite, Apt. #, etc.
N/A

3. Mailing Address

118 FAIRWAY DR.
Suite, Apt. #, etc.
N/A

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

4. FEI Number

59-3012573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, DAVID F
118 FAIRWAY DR
SANFORD FL 32771

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.

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

TITLE ☐ Delete
NAME P
STREET ADDRESS LAMBERT, DAVID F
CITY-ST-ZIP 118 FAIRWAY DRIVE
SANFORD FL

TITLE ☐ Delete
NAME S
STREET ADDRESS LAMBERT, SHEILA
CITY-ST-ZIP 118 FAIRWAY DR
SANFORD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Sheila Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2000 407 323-8508
Date Daytime Phone #

Sheila LAMBERT

CR2E034 (9/99)