

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90135 027 ***150.00

DOCUMENT # **L81631**
1. Entity Name
Robert Lammert Concrete Inc

DO NOT WRITE IN THIS SPACE

830624

2. Principal Place of Business
1486 Saddle Ridge Drive
3. Mailing Address
1486 Saddle Ridge Drive

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
City & State
Orlando FL
Zip
32835 Country
USA
Zip
32835 Country
USA

4. FEI Number **59-3022712**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **Robert Lammert**
Street Address (P.O. Box Number is Not Acceptable)
1486 Saddle Ridge Drive
City **Orlando** FL Zip Code **32835**

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 **Robert S. Lammert** **ROBERT S. LAMMERT**
Signature (Typed or Printed Name of Registered Agent and Use if Applicable) (NOTE: Registered Agent Signature Required when Consulting) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D Robert Lammert 1486 Saddle Ridge Drive Orlando FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert S. Lammert** **ROBERT S. LAMMERT** **4/16/02** **407-297-3826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)