DOCUMENT #	P00000077199

1. Entity Name

LAMERRITT, INC.

Principal Place of Business

715 ROSALIE WAY WINTER SPRINGS FL 32708

2. Principal Place of Business

Mailing Address

715 ROSALIE WAY

3. Mailing Address

WINTER SPRINGS FL 32708

Delete

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Delete

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739 Suite, Ap	Rosalie Way	739 Ros Suite, Apt. #, etc.	alie way	DO NOT WRITE IN THIS SPACE		
City & Sta	1 — I	City & State	nursi FL	4. FEI Number 59- 367024	1_	Applied For Not Applicab
3200 C	Countily Countily USA	32708	County	5. Certificate of Status Desired	□ \$8.7	5 Additional equired
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Street Address (	P.O. Box Number is Not Acceptable	e)	
	,		City		FL Zi	p Code
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature required	when reinstating)	DATE	
Tax filing	coration is eligible to satisfy its.Intangible grequirement and elects to do so.	After MAY 1, 20	!! FEE IS \$150.00 01 Fee will be \$550.00 lie to Department of Sta	10. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JOSHUA M 12992 BAYOU WOODS CIRCLE # WOODBRIDGE VA 22192	□ Delete		lips, Joshua M of Belmont Land son Neck, VA	ling Road	
TITLE NAME STREET ADDRESS	D PHILLIPS, JESSE M 715 ROSALIE WAY	☐ Delete	NAME Phi	llips, Jesse M	- i <b>g</b> ⊈cr	ange 🗌 Additio

TITLE

NAME

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CITY-ST-ZIP

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TITLE

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

TITLE

NAME STREET ADDRESS

NAME

WINTER SPRINGS FL 32708

WINTER SPRINGS FL 32708

PHILLIPS, JOSEPH C

715 ROSALIE WAY

☐ Change

Change

☐ Addition

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