

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90210 021 ***150.00

DOCUMENT # P00000089652

1. Entity Name

LAMCO FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

**201 S ORANGE AVE STE 1205
 ORLANDO FL 32801**

**201 S ORANGE AVE STE 1205
 ORLANDO FL 32801**

2. Principal Place of Business

300 Primera Boulevard

3. Mailing Address

300 Primera Boulevard

Suite, Apt. #, etc.

Suite 164

Suite, Apt. #, etc.

Suite 164

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

US

Zip

32746

Country

US

4. FEI Number

06-1594785

Applied For

☐ Not Applicable

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

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

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, 2001 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 **B** ☐ Delete
 NAME **LAMORIELLO, NICHOLAS J**
 STREET ADDRESS **201 S ORANGE AVE, STE 1205**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lamoriello, Nicholas J.**
 STREET ADDRESS **300 Primera Boulevard, Suite 164**
 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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

NICHOLAS J. LAMORIELLO

Date

Daytime Phone #

APRIL 25, 2001

CR2E034 (10/00)