2002 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000110123

1. Entity Name
LAMARC, INC.

FILED
02 AUG 30 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7061C S TAMIAMI TRAIL SARASOTA FL 34231-5559	7061C S TAMIAMI TRAIL SARASOTA FL 34231-5559

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1062005 — 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
LES GARDI CPA 7061 S TAMIAMI TRAIL SARASOTA FL 34231-5559	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended

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, 2002 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	PD	☐ Delete
NAME	~~VARGAN~~, TOMAS Varga	
STREET ADDRESS	116 VAN DYCK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	S	☐ Delete
NAME	ADAM, RITA	
STREET ADDRESS	116 VAN DYCK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VP	☐ Delete
NAME	VARGAN, MARTIN Varga	
STREET ADDRESS	116 VAN DYCK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	T	☒ Delete
NAME	~~MURRAY, KATE~~	
STREET ADDRESS	~~116 VAN DYCK DR~~	
CITY-ST-ZIP	~~NOKOMIS FL 34275~~	
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	P.D	☐ Change ☒ Addition
NAME	~~SEAN SULLIVAN~~	Delete
STREET ADDRESS	~~120 BAYSHORE RD~~	
CITY-ST-ZIP	~~NOKOMIS FL 34275~~	
TITLE	~~S~~	☐ Change ☒ Addition
NAME	~~LES GARDI~~	Delete
STREET ADDRESS	~~7061 S. TAMIAMI TRAIL~~	
CITY-ST-ZIP	~~SARASOTA FL 34231~~	
TITLE	~~VP~~	☒ Change ☐ Addition
NAME	TOMAS VARGA	President
STREET ADDRESS	116 VANDYCK DR.	Director
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	~~S/T~~	☐ Change ☒ Addition
NAME	LADISLAV VARGA	Secretary
STREET ADDRESS	116 VAN DYCK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	~~MANAGER~~	☒ Change ☐ Addition
NAME	MARTIN VARGA	V.P.
STREET ADDRESS	116 VAN DYCK DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		☐ Change ☐ Addition
NAME	500007899125--9	
STREET ADDRESS	-09/20/02--01065--002	
CITY-ST-ZIP	*****61.25 *****61.25	

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: _____ President 8/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #