2002 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000110123

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

1. Entity Name

LAMARC, INC.

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

DO NOT WRITE IN THIS SPACE

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

LES GARDI CPA
7061 S TAMIAMI TRAIL
SARASOTA FL 34231-5559

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 _____ 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) X

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~VARGAN~~, TOMAS 116 VAN DYCK DR NOKOMIS FL 34275	☐ Delete	P, D ~~SEAN SULLIVAN~~ 120 BAYSHORE RD NOKOMIS FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADAM, RITA 116 VAN DYCK DR NOKOMIS FL 34275	☐ Delete	S ~~LES GARDI~~ ~~7061 S. TAMIAMI TRAIL~~ ~~SARASOTA FL 34231~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VARGAN, MARTIN 116 VAN DYCK DR NOKOMIS FL 34275	☐ Delete	~~VP~~ TOMAS VARGA 116 VANDYCK DR. NOKOMIS FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURRAY, KATE 116 VAN DYCK DR NOKOMIS FL 34275	☒ Delete	~~CH~~ LADISLAV VAREA 116 VAN DYCK DR NOKOMIS FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	~~MANAGER~~ MARTIN VAREA 116 VAN DYCK DR NOKOMIS FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	500007899125--9 -09/20/02--01065--002 *****61.25 *****61.25	☐ Change ☐ Addition

Varga correct
Delete
Delete
Varga
President Director
Secretary
V.P.

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