

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91834 012 \*\*\*150.00

DOCUMENT # P01000018519

1. Entity Name  
**LAMBARENS PAINTING INC**



Principal Place of Business  
**201 S EUSTIC ST. APT 2**  
**EUSTIS FL 32726**

Mailing Address  
**201 S EUSTIC ST. APT 2**  
**EUSTIS FL 32726**

2. Principal Place of Business  
**828 EDGEWATER CIRCLE**

3. Mailing Address  
**828 EDGEWATER CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**EUSTIS FL**

City & State  
**EUSTIS FL**

4. FEI Number **59-3701571**

Applied For  
Not Applicable

Zip Country  
**32726 US**

Zip Country  
**32726 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMBAREN, CLAUDIA**  
**201 S EUSTIC ST, APT 2**  
**EUSTIS FL 32726**

Name  
**LAMBAREN, CLAUDIA**  
Street Address (P.O. Box Number is Not Acceptable)  
**828 EDGEWATER CIRCLE**  
City  
**EUSTIS FL** Zip Code  
**32726**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PV**  
**LAMBAREN, ALBERTO**  
**201 S EUSTIC ST, APT 2**  
**EUSTIS FL 32726** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PV**  
**LAMBAREN, ALBERTO**  
**828 EDGEWATER CIRCLE**  
**EUSTIS FL 32726** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS**  
**LAMBAREN, CLAUDIA**  
**201 S EUSTIC ST, APT 2**  
**EUSTIS FL 32726** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS**  
**LAMBAREN, CLAUDIA**  
**828 EDGEWATER CIRCLE**  
**EUSTIS FL 32726** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Alberto Lambaren**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/03**  
Date

**(352) 589-1431**  
Daytime Phone #

CR2E034 (10/02)