

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000065620

FILED  
Mar 28, 2003  
Secretary of State

Entity Name: JOHN H. LAMB P A

**Current Principal Place of Business:**

1588 NORFOLK AVENUE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1588 NORFOLK AVENUE  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 90-0037769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMB, JOHN H  
1588 NORFOLK AVENUE  
THE VILLAGES, FL 32162

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LAMB, JOHN H  
Address: 1588 NORFOLK AVENUE  
City-St-Zip: THE VILLAGES, FL 32162

Title: STD ( ) Delete  
Name: LAMB, SANDRA L  
Address: 1588 NORFOLK AVENUE  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. LAMB

PD

03/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date