FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90313 002 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107712

1. Entity Name
27TH STATE CORP.

10111499

Principal Place of Business	Mailing Address
399 CENTRAL FLORIDA PARKWAY SUITE # E ORLANDO, FL 32824	399 CENTRAL FLORIDA PARKWAY SUITE # E ORLANDO, FL 32824

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11310 S. ORANGE BLOSSOM TRAIL	(SAME)
Suite, Apt. #, etc. # 260	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32837 Country U.S.	Zip Country

4. FEI Number # 35-2183306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBE, ANKE
399 CENTRAL FLORIDA PARKWAY
SUITE # E
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name LAMBE, ANKE
Street Address (P.O. Box Number is Not Acceptable) 11310 S. ORANGE BLOSSOM TRAIL #260
City ORLANDO FL Zip Code 32837

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 [signature] ANKE LAMBE 6/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks 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	P LAMBE, ANKE 399 CENTRAL FLORIDA PKWY SUITE # E ORLANDO, FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANKE LAMBE 399 Central Florida Pkwy #E Orlando, FL 32824	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANKE LAMBE 11310 S. ORANGE BLOSSOM TRAIL #260 ORLANDO, FL 32837	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. VICKIE RAYMOND 11310 S. ORANGE BLOSSOM TRAIL #260 ORLANDO, FL 32837	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] ANKE LAMBE 6/30/03 (407) 826-9394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #