2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 295

1235 WESTLAKES DR.

P39540 **DOCUMENT #**

1. Entity Name

SUITE 295

Principal Place of Business

1235 WESTLAKES DR.

THE STANLEY-LAMAN GROUP, LTD., INC.



FILED Mar 28, 2003 8:00 am Secretary of State

2003 90112 013 ***150.00

	. 03-28-2

BERWIN PA 19372 BERWIN PA 19372									
2. Principal P	Place of Business	3. Mailing Address				1 1201120 100 11114 10164 1111 21614 11114 11114 11114 11114 11114 11114 11114 11114		# 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4. F	El Number 23-2650538	Number 23-2650538 Applied ✓ Not Appl		
Zip Country Zip			Country 5.		5. C	Certificate of Status Desired			
	6. Name and Address of Current R		7. Name and Address of New Registered Agent						
					Name				
CORPORATION SERVICE COMPANY				Street A	Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS ST.				Sileel A	onest risuless (i.o. box number is not roceptable)				
TALLAHA	SSEE FL 32301					;			
1	City	City FL Zip Code							
A The above	named entity submits this statement for	the nurnose of c	hanging its re	aistered office or	registered age	ent or both in the State of Florida	am familiar wit	th and accept	
	lons of registered agent.		manging no ro	giotoroa omos or	Togiciolo age	+		At, and decopt	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable.	(NOTE: R	registered Agent signatu	t ore required when rei	instating) D	ATÉ		
E	HE NOWIH EEE IS \$150.00			*				,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing		.00 May Be	
Make Check Payable to Florida Department of State			•		Trust Fund Contribution:	L. Adio	ied to Fees		
10.	OFFICERS AND D	I L		11.	ΔD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11	
TITLE	PSD		Delete	TITLE		DITIONO, OF PRINCES TO OFF TOEFTO	☐ Chang		
NAME	STANLEY, WILLIAM G.		Detete	NAME			Orlang	J	
STREET ADDRESS	1235 WESLAKES DRIVE, SUITE 2	95		STREET ADDRESS				ŀ	
CITY-ST-ZIP	BERWYN PA			CITY-ST-ZIP					
TITLE	SD	П	Delete	TITLE		•	☐ Chang	e	
NAME	LAMAN, JAMES J.		Doloto	NAME					
STREET ADDRESS	1236 WESTLAKES DRIVE, SUITE :	295	,	STREET ADDRESS					
CITY-ST-ZIP	BERWYN PA		į	CITY-ST-ZIP					
TITLE	VPD	. 🗆	Delete -	TITLE			☐ Chang	e 🔲 Addition	
NAME	EATON, DAVID C.			NAME					
STREET ADDRESS	1235 WESTLAKES DRIV, SUITE 2	95		STREET ADDRESS					
CITY-ST-ZIP	BERWYN PA			CITY-ST-ZIP					
TITLE	TD		Delete	TITLE -			Change	e 🔲 Addition	
NAME	LAMAN, JAMES J.			NAME				ľ	
STREET ADDRESS	1235 WESTLAKES DRIVE, SUITE	295		STREET ADDRESS				j	
CITY-ST-ZIP	BERWYN PA			CITY-ST-ZIP					
TITLE			Delete	TITLE			☐ Change	e 🔲 Addition	
NAME OTREET ADDRESS				NAMÉ				j	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				}	
						•			
TITLE			Delete	TITLE			Change	e	
NAME STREET ADDRESS			. ,	NAME Street address	•			-	
CITY-ST-ZIP				CITY-ST-ZIP		•			
								,	

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:

MOUIREDILLIAM G. STANLEY

Date

CR2E034 (10/02)