

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90210 022 ***150.00

DOCUMENT # P95000059977

1. Entity Name
THE LAMCO GROUP, INC.

Principal Place of Business 201 S ORANGE AVE SUITE 1205 ORLANDO FL 32801 US	Mailing Address 201 S ORANGE AVE SUITE 1205 ORLANDO FL 32801 US
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2. Principal Place of Business 300 Primera Boulevard Suite, Apt. #, etc. Suite 164 City & State Lake Mary FL	3. Mailing Address 300 Primera Boulevard Suite, Apt. #, etc. Suite 164 City & State Lake Mary FL
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DO NOT WRITE IN THIS SPACE

Zip 32746	Country US	Zip 32746	Country US
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4. FEI Number **05-0452650** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE DPT	<input checked="" type="checkbox"/> Delete
NAME LAMORIELLO, NICHOLAS J	
STREET ADDRESS 201 S ORANGE AVE SUITE 120	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE S	<input type="checkbox"/> Delete
NAME LAMORIELLO, MARK	
STREET ADDRESS 201 S ORANGE AVE SUITE 1205	
CITY-ST-ZIP ORLANDO FL 32801--	
TITLE VPTS	<input type="checkbox"/> Delete
NAME LAMORIELLO, NICHOLAS J -	
STREET ADDRESS 201 S ORANGE AVE SUITE 1205	
CITY-ST-ZIP ORLANDO FL 32801-	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lamoriello, Nicholas J.	
STREET ADDRESS 300 Primera Boulevard, Suite 164	
CITY-ST-ZIP Lake Mary, FL 32746	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lamoriello, Mark	
STREET ADDRESS 300 Primera Boulevard, Suite 164	
CITY-ST-ZIP Lake Mary, FL 32746	
TITLE VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lamoriello, Nicholas J.	
STREET ADDRESS 300 Primera Boulevard, Suite 164	
CITY-ST-ZIP Lake Mary, FL 32746	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **NICHOLAS J. LAMORIELLO** APRIL 25, 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)