

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000059977

FILED  
Apr 09, 2003  
Secretary of State

Entity Name: THE LAMCO GROUP, INC.

## Current Principal Place of Business:

300 PRIMERA BOULEVARD  
SUITE 164  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

## Current Mailing Address:

300 PRIMERA BOULEVARD  
SUITE 164  
LAKE MARY, FL 32746 US

## New Mailing Address:

FEI Number: 05-0452650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## 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: DPT ( ) Delete  
Name: LAMORIELLO, NICHOLAS J  
Address: 300 PRIMERA BOULEVARD, SUITE 164  
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete  
Name: LAMORIELLO, MARK  
Address: 300 PRIMERA BOULEVARD, SUITE 164  
City-St-Zip: LAKE MARY, FL 32746

Title: VPTS ( ) Delete  
Name: LAMORIELLO, NICHOLAS J  
Address: 300 PRIMERA BOULEVARD, SUITE 164  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NICHOLAS LAMORIELLO

PRES

04/09/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date