

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000039231

Entity Name: LAM MARKETING, INC.

FILED
Mar 16, 2003
Secretary of State

Current Principal Place of Business:

841 HICKORY KNOLL CT.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

841 HICKORY KNOLL CT.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3399854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEARN, ALBERT H
841 HICKORY KNOLL CT.
APOPKA, FL 32712

Name and Address of New Registered Agent:

HEARN, ALVERT H
841 HICKORY KNOLL CT.
APOPKA, FL 32712

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: ALVERT H.HEARN

03/16/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEARN, ALVERT H
Address: 841 HICKORY KNOLL CT.
City-St-Zip: APOPKA, FL

Title: DV () Delete
Name: HEARN, MARY AN
Address: 841 HICKORY KNOLL CT.
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: CHILDS, CARTER HUGH
Address: 504 CLARA DR
City-St-Zip: BRANDON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: HEARN, MARY ANN
Address: 841 HICKORY KNOLL CT.
City-St-Zip: APOPKA, FL

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: ALVERT H.HEARN

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03/16/2003

Electronic Signature of Signing Officer or Director

Date