

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90172 028 ***150.00

DOCUMENT # P96000103428

1. Entity Name
LAMBRIX/BUSH WAREHOUSING, INC.



Principal Place of Business
**8140 BLAIE COURT
UNIT D
SARASOTA FL 34240**

Mailing Address
**1832 E LEEWYNN DRIVE
SARASOTA FL 34240**



2. Principal Place of Business

3. Mailing Address
8140 Blaikie Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
UNIT D

City & State

City & State
SARASOTA FL

4. FEI Number **65-0738296**

Applied For
Not Applicable

Zip

Country

Zip Country
34240 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSH, DIANE R
1832 E LEEWYNN DRIVE
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**8140 Blaikie Court
UNIT D
SARASOTA FL 34240**

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, 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 Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BUSH, JOHN W**
STREET ADDRESS **1832 E LEEWYNN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **DST** ☐ Delete
NAME **BUSH, DIANE R**
STREET ADDRESS **1832 LEEWYNN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8140 Blaikie Ct., Unit D**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **8140 Blaikie Ct., Unit D**
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NAME
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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: **SIGNATURE REQUIRED DIANE R. Bush 4/3/03 (941) 951-2447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)