

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070471

1. Entity Name

LAMBERT MARKETING, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90186 039 ***150.00

Principal Place of Business

Mailing Address

5004 DORMAN ROAD
LAKELAND FL 33813

5004 DORMAN ROAD
LAKELAND FL 33813-2507

2. Principal Place of Business

5004 Dorman Rd

Suite, Apt. #, etc.

3. Mailing Address

5004 Dorman Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3463282

Applied For

Not Applicable

Zip

33813

Country

POK

Zip

33813

Country

POK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHELLE D.
5004 DORMAN ROAD
LAKELAND FL 33813

Name

Michelle Lambert

Street Address (P.O. Box Number is Not Acceptable)

5004 Dorman Rd

City

Lakeland

FL

Zip Code

33813

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

Michelle Lambert, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-21-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME SMITH, MICHELLE D
STREET ADDRESS 5004 DORMAN ROAD
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE
NAME Lambert, Michelle D. ☒ Change ☐ Addition
STREET ADDRESS 5004 Dorman Rd
CITY-ST-ZIP Lakeland FL 33813 President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michelle Lambert, President

3-21-00

813-647-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)