

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90114 020 ***150.00

DOCUMENT # P97000070471**1. Entity Name**
LAMBERT MARKETING, INC.**Principal Place of Business****5004 DORMAN ROAD**
LAKELAND FL 33813**Mailing Address****5004 DORMAN ROAD**
LAKELAND FL 33813**2. Principal Place of Business****304 DORIS DRIVE**

Suite, Apt. #, etc.

3. Mailing Address**304 DORIS DRIVE**

Suite, Apt. #, etc.

City & State**LAKELAND, FL****City & State****LAKELAND, FL****Zip****33813****Country****POLK****Zip****33813****Country****POLK****4. FEI Number 59-3463282****Applied For****Not Applicable****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****LAMBERT, MICHELLE**
5004 DORMAN ROAD
LAKELAND FL 33813**Name****Street Address (P.O. Box Number is Not Acceptable)****304 DORIS DRIVE****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**

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

(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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete
NAME **LAMBERT, MICHELLE D**
STREET ADDRESS **5004 DORMAN ROAD**
CITY-ST-ZIP **LAKELAND FL 33813****TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **304 DORIS DRIVE**
CITY-ST-ZIP **LAKELAND, FL 33813****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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 life empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELLE LAMBERT**Date****4-27-01 (863) 647-2291****Daytime Phone #**

CR2E034 (10/00)