

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075094

1. Entity Name
LAMAR ASSETS, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90572 012 ***550.00

Principal Place of Business
**490 ROCKLEY BLVD
VENICE FL 34293**

Mailing Address
**490 ROCKLEY BLVD
VENICE FL 34293-4300**

00075400

2. Principal Place of Business
2722 West Terrace Dr.

3. Mailing Address
2722 West Terrace Dr.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
65-0790783

Applied For
Not Applicable

Zip
33609

Country
US

Zip
33609

Country
US

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

**MAYNARD, CHARLES
3939 CHEVAL BLVD
LUTZ FL 33549**

Name

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

City

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MAYNARD, CHARLES
3939 CHEVAL BLVD.
LUTZ FL 33549**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2722 West Terrace Drive
Tampa, FL 33609**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)