2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000080251



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity N	_l ame .AS J. LAMMEF	NS, P.A.	,00201				02-24-2003	90174 015	; ***15().00	
Principal Place of Business 4185 N.W. HIGHWAY 40 SUITE 4 OCALA FL 34482			Mailing Address 4185 N.W. HIGHWAY 40 SUITE 4 OCALA FL 34482			 	(18 1811) 1880 9800 98	izil ar itz ra ide al	1211 40 11 4 610	e i Oli n i (161 166	1
2. Principal Place of Business			3. Mailing Address								}
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-3470354 Applied For					
Zip Country		intry Z	Zip Cour			5. Certificate of	· _ · _ · _ ·	П \$	8.75 Ac		le
6. Name and Address of Current			Registered Agent		7. Name and Address of New Registered Agent					ed	
LAMMER	rs, douglas j	Name	 e	7. Name and A	ddress of New R	egistered A	jent		7		
4185 N.\	W. HIGHWAY 40			Street Address ((P.O. Box Number is Not Acceptable)				
SUITE 4 OCALA FL 34482											7
8. The abov	/i. /e named entity submi	City registered office	d office or registered agent, or both, in the State of Florida. I am familiar with, and					e			
SIGNATURE		ient. , s "🎉 '	•		Ū	-3,	or the end of the	ioa. Tanniai	niliai with,	ано ассері	•
ر معر	Signature, typed or printed	name of registered agent and title if a	pplicable. (NOTE:	Registered Agent sign	nature required w	then reinstating)		DATE			
Afte	FILE NOW!!! FEE er May 1, 2003 Fee	will be \$550.00					on Campaign Fina		 \$5.0	00 May Be	_
Make Chec	k Payable to Florid	a Department of State				Trust I	und Contribution		Added	d to Fees	
10.		OFFICERS AND DIRECT	ORS	11.		ADDITIONS/CH	ANGES TO OFFIC	CEDS AND D	IDECTOR	C (N) 44	4
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2. I hereby co	ertify that the informati	on supplied with this filing	does not qualify for the			440.03/0///					

I hereby certify that the information supplied with this filling 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

SIGNATURE:

352-622-7414