

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90022 017 \*\*\*150.00

**DOCUMENT # P97000085400**

1. Entity Name

LAMMERS TECHNOLOGIES, INC.

Principal Place of Business

275 LAGO CIR.  
 W. MELBOURNE FL 32904

Mailing Address

275 LAGO CIR.  
 W. MELBOURNE FL 32904

2. Principal Place of Business

283 Flanders Drive

3. Mailing Address

283 Flanders Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indialantic FL

City & State

Indialantic FL

Zip

32903

Country

Brevard

Zip

32903

Country

Brevard

4. FEI Number

59-3475020

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMMERS, JEFFREY J  
 3901 MAY LANE  
 MALABAR FL 32950

chg of address

7. Name and Address of New Registered Agent

Name Jeffrey J. Lammers

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

City Indialantic

FL

Zip Code 32903

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)

4/17/02

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, 2002 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

TITLE D  
 NAME LAMMERS, JEFFREY J  Delete  
 STREET ADDRESS 3901 MAY LANE  
 CITY-ST-ZIP MALABAR FL 32950

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Change  Addition  
 NAME LAMMERS, JEFFREY J  
 STREET ADDRESS 283 FLANDERS DRIVE  
 CITY-ST-ZIP INDIALANTIC FL 32903

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

DATE

321 674-9661

Daytime Phone #

CR2E034 (9/01)