

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

Indianalantic FL

City & State

Indianalantic 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

Indianalantic

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)

4/12/02

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 INDIANALANTIC 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)