

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 015 ***150.00

DOCUMENT # P98000003527
1. Entity Name
Lambert's T-H Recycling Inc

Principal Place of Business
PAUL C. LAMBERT
1925 19TH STREET
SARASOTA, FL 34234
(941) 364-3399
Mailing Address
PAUL C. LAMBERT
1925 19TH STREET
SARASOTA, FL 34234
(941) 364-3399

2. Principal Place of Business
1925 19 st
Suite, Apt. #, etc.
3. Mailing Address
1925 19 street
Suite, Apt. #, etc.

City & State
SARASOTA FL
Zip
34234
Country
USA
4. FEI Number
P98000003527
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAUL C. LAMBERT
1925 19TH STREET
SARASOTA, FL 34234
(941) 364-3399
7. Name and Address of New Registered Agent
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 Paul Lambert
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4/20/06

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PAUL C. LAMBERT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1925 19TH STREET		NAME		
STREET ADDRESS	SARASOTA, FL 34234		STREET ADDRESS		
CITY-ST-ZIP	(941) 364-3399		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Paul Lambert
Signature and typed or printed name of signing officer or director
DATE: 4/20/06
Daytime Phone #: 941 650 2714