

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91520 014 ***158.75

DOCUMENT # P98000003527

1. Entity Name

~~LAMBERT'S TRASH HAULING, INC.~~

Lambert's T-H Recycling Inc



Principal Place of Business

1925 19TH STREET

SARASOTA FL 34234

Mailing Address

1925 19TH STREET

SARASOTA FL 34234

were file 4/7/2003

2. Principal Place of Business

1925 19 STREET

3. Mailing Address

1925 19 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

2 apply for new #

City & State

SARASOTA FL 34234

City & State

SARASOTA FL

4. FEI Number

65-0813222

Applied For

Not Applicable

Zip

34234

Country

U.S.A

Zip

34234

Country

U.S.A

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, PAUL C
1925 19TH STREET
SARASOTA FL 34234

3358

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

Paul C. Lambert

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAMBERT, PAUL C
STREET ADDRESS 1925 19TH STREET
CITY-ST-ZIP SARASOTA FL 34234

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul C. Lambert

Date

Daytime Phone #

4/22/03 941-650-

CR2E034 (10/02)