

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90192 047 ***150.00

DOCUMENT # P98000035587

1. Entity Name
GAIL E. LAMPERT, P.A.

Principal Place of Business

**2 OFFICE PARK DRIVE
 PALM COAST FL 32137**

Mailing Address

**2 OFFICE PARK DRIVE
 PALM COAST FL 32137**

2. Principal Place of Business

**200 SOUTH A1A
 SUITE 3**

3. Mailing Address

**200 SOUTH A1A
 SUITE 3**

City & State

FLAGLER BCH FL

City & State

FLAGLER BCH FL

4. FEI Number

59-3506398

Applied For

Not Applicable

Zip

32136

Country

FLAGLER

Zip

32136

Country

FLAGLER

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAMPERT, GAIL E
 8 CRAFT COURT
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
LAMPERT, GAIL E
 Street Address (P.O. Box Number is Not Acceptable)
802 OCEAN MARINA DRIVE
 City
FLAGLER BCH FL Zip Code
32136

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 **Gail E. Lampert**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-02

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
DPST
 NAME
LAMPERT, GAIL E
 STREET ADDRESS
802 OCEAN MARINA DRIVE
 CITY-ST-ZIP
FLAGLER BEACH FL 32136

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Gail E. Lampert**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

386-439-0190

Daytime Phone #

001111-3
 AV

CR2E034 (9/01)