

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90147 046 ***150.00

DOCUMENT # P98000086853

1. Entity Name

LAMBDIN & ROSSER, P.A.

Principal Place of Business

1868 N. UNIVERSITY DRIVE
~~SUITE 300~~
 PLANTATION FL 33322

Mailing Address

1868 N. UNIVERSITY DRIVE
~~SUITE 300~~
 PLANTATION FL 33322-4129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 306

Suite, Apt. #, etc.

SUITE 306

City & State

City & State

4. FEI Number

65-0868210

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOEMAKER, RICHARD L CPA

~~4331 NORTH FEDERAL HIGHWAY~~

~~SUITE 405~~

~~FT. LAUDERDALE FL 33308-5254~~

Name

Street Address

City

Richard L. Shoemaker, P.A.
Certified Public Accountant

612 NE 26th Street

Wilton Manors FL 33305-1208

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LAMBDIN, KEITH J**
 STREET ADDRESS **6809 E LONGBOW BEND**
 CITY-ST-ZIP **DAVE FL 33300**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **ROSSER, GERALO E**
 STREET ADDRESS **2860 OAK TREE CT.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)