

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027171

1. Entity Name
LAMB'S NURSERY & GARDEN CENTER, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90094 025 ***150.00

Principal Place of Business

8316 US 27 E
BRANFORD FL 32008

Mailing Address

P.O. BOX 744
BRANFORD FL 32008

2. Principal Place of Business

8316 US 27 E

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 744

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Branford Florida

City & State

Branford, Florida

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

32008

Country

Swansee

Zip

32008

Country

Swansee

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

LAMB, MICHAEL C

8316 US 27 E

BRANFORD FL 32008

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 *Michael C Lamb President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS LAMB, MICHAEL C
CITY-ST-ZIP P.O. BOX 744
BRANFORD FL 32008

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: *Michael C Lamb President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 904 935-1410
Date Daytime Phone #

CR2E034 (10/00)