

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0437062
AV

DOCUMENT # P99000039804

1. Entity Name
SYLVIA Z. LAMPERT, P.A.



FILED

03 JUL -3 AM 9 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8904 MEADOWLARK WAY
BOCA RATON FL 33496

Mailing Address
8904 MEADOWLARK WAY
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0914982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMPERT, SYLVIA
8904 MEADOWLARK WAY
BOCA RATON FL 33496

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LAMPERT, SYLVIA
8904 MEADOWLARK WAY
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300021299603
07/03/03--01050--009 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LAMPERT, ARTHUR
8904 MEADOWLARK WAY
BOCA RATON FL 33496 ☒ Delete
- deceased 6/15/03

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR. LAMPERT died
6/15/03 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
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TS ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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June 30, 2003

RE FEI # 65-0914982;
RE letter # 503A0003731
REF. # 99000039804

To Whom It May Concern;

I SENT A LETTER ON 6-10-03 EXPLAINING MY DELAY
IN SENDING 2003 FOR PROFIT CORPORATION ANNUAL
BUSINESS REPORT (UBR)

I WAS HOSPITALIZED FOR CONGESTIVE HEART FAILURE -
ON 4/14/03 + AGAIN ON 4/27/03. I CAME HOME +
HAD TO SEE DOCTOR 5/1/03; ENCLOSED ARE COPIES
OF THE HOSPITAL REPORTS.

AFTER ARRIVING HOME ON 5/1/03 MY HUSBAND BECAME
ILL + DIED ON 6/15/03 (FATHER'S DAY) OF LIVER CANCER.

FAILURE TO FILE WAS NOT MY INTENT. I'M RESUBMIT
TING MY CHECK FOR 15000 HOPING TO BE REINSTATED

Yours sincerely,
Sylvia Lampert