

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90144 022 ***150.00

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DOCUMENT # P99000066951

1. Entity Name

LAMAARK, INC.



Principal Place of Business
137 COLONIAL STREET S.E.
PORT CHARLOTTE FL 33952

Mailing Address
137 COLONIAL STREET S.E.
PORT CHARLOTTE FL 33952

2. Principal Place of Business

137 COLONIAL ST SE
Suite, Apt. #, etc.

3. Mailing Address

137 COLONIAL ST SE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE FL

City & State

4. FEI Number 65-0992056

Applied For
Not Applicable

Zip 33952

Country USA

Zip

Country

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

6. Name and Address of Current Registered Agent

CHESEBROUGH, PAMELA H
350 GULF BLVD.
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

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 DV ☐ Delete
NAME LAPENOTIERE, ANNE
STREET ADDRESS 1129 CAISTORVILLE RD., CAISTOR CENTRE
CITY-ST-ZIP ONTARIO CANADA LOR 1E0

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

Anne Lapenotiere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 3, 2003 941 743-2032

CR2E034 (10/02)