

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071912

1. Entity Name

LAMBSCAPES, INC.



Principal Place of Business

194 OVERSTREET COURT
PALM HARBOR FL 34683

Mailing Address

194 OVERSTREET COURT
PALM HARBOR FL 34683

2. Principal Place of Business

775 NATALIE LN

3. Mailing Address

775 Natalie Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

Zip

34683

Country

Zip

34683

Country

4. FEI Number

59-3601069

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, VICTOR
194 OVERSTREET COURT
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Victor Lamb

Street Address (P.O. Box Number is Not Acceptable) -

775 Natalie Ln.

City

Palm Harbor

FL

Zip Code

34683

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

Victor M. Lamb

7/11/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00. 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	President	<input type="checkbox"/> Delete
NAME	Victor M. Lamb	
STREET ADDRESS	775 Natalie Ln.	
CITY-ST-ZIP	Palm Harbor FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Victor M. Lamb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Date

727-781
8398

Daytime Phone #

CR2E034 (5/00)

Attachment
P99000071912
A0075895

LAMBSCAPES

Victor M. Lamb
775 Natalie Lane
Palm Harbor FL 34683
727-781-8398

Dear Sirs:

To whom it may concern, I spoke to someone in your office a few weeks ago that told me I only had to pay \$150.00 by September 13, 2000. I told her that I never received the first notice concerning this uniform business report. She told me to attach this letter stating so along with my new address and that would be O.K.

Thank You,

Victor M. Lamb