

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90238 022 ***150.00

0607082

DOCUMENT # P99000088469

1. Entity Name
SHEREE LAMBERT INC.

Principal Place of Business

7214 CENTRAL AVE
 SAINT PETERSBURG FL 33707

Mailing Address

8001 CAUSEWAY BLVD
 SAINT PETERSBURG FL 33707
 US

00001229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0976103**

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

LAMBERT, SHEREE
 8001 CAUSEWAY BLVD. N.
 ST. PETERSBURG FL 33707

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

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

(NOTE: Registered Agent signature required when reinstalling)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **LAMBERT, SHERIAN** ☒ Delete
 STREET ADDRESS **8001 CAUSEWAY BLVD N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707** *Spelling of 1st name*

TITLE **president** ☐ Change ☒ Addition
 NAME **Sherree Lambert**
 STREET ADDRESS **8001 Causeway Blvd N.**
 CITY-ST-ZIP **St Petersburg, FL 33707**

TITLE **President** ☐ Delete
 NAME **Sherree Lambert**
 STREET ADDRESS **8001 Causeway Blvd. N.**
 CITY-ST-ZIP **St Pete, FL 33707**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Sherree D. Lambert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherree D. Lambert 45-01 345-2922
 Date Daytime Phone #

CR2E034 (10/00)