

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90147 048 \*\*\*150.00

**DOCUMENT # S24355**

1. Entity Name  
**ROGER C. LAMBERT, P.A.**



Principal Place of Business

**2501-BRISTOL DRIVE**

**B-12**

**WEST PALM BEACH FL 33409**

**US**

Mailing Address

**2501-BRISTOL DRIVE**

**B-12**

**WEST PALM BEACH FL 33409**

**US**

2. Principal Place of Business

**301 CLEMATIS ST**

Suite, Apt. #, etc.

**# 3000**

City & State

**W. PALM BEACH, FL**

Zip

**33401**

Country

**USA**

3. Mailing Address

**301 CLEMATIS ST.**

Suite, Apt. #, etc.

**# 3000**

City & State

**W. PALM BEACH, FL**

Zip

**33401**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3047880**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMBERT, ROGER C**

**2501 BRISTOL DR**

**B-12**

**WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

**301 CLEMATIS ST**

**# 3000**

City

**W. PALM BEACH**

FL

Zip Code

**33401**

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]*  
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

TITLE **D** ☐ Delete  
NAME **LAMBERT, ROGER C**  
STREET ADDRESS **2501-BRISTOL DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **LAMBERT, ROGER C**  
STREET ADDRESS **301 CLEMATIS ST.**  
CITY-ST-ZIP **W. PALM BEACH, FL. 33401**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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: *[Signature]* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 1/15/03 561-655-3444  
Date Daytime Phone #

CR2E034 (10/02)