

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58355

1. Entity Name

LAMBTON LANDS LIMITED, INC.

**FILED**  
May 02, 2000 8:00 am  
**Secretary of State**

05-02-2000 90090 011 \*\*\*158.75

Principal Place of Business

Mailing Address

~~1911 PRESERVATION DR~~  
~~PLANT CITY FL 33507~~  
US

~~1911 PRESERVATION DR~~  
~~PLANT CITY FL 33567-7606~~  
US

2. Principal Place of Business

3056 SUTTON WOODS DR  
Suite, Apt. #, etc.

3. Mailing Address

3056 SUTTON WOODS DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

59-3106096

Applied For

Not Applicable

Zip

33507

Country

USA

Zip

33567

Country

USA

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

BLOK-ANDERSON, KIM  
~~1911 PRESERVATION DR~~  
~~PLANT CITY FL 33507~~

Name

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

3056 SUTTON WOODS DR

PLANT CITY

FL

ZIP CODE  
33567

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 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 \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T BLOK-ANDERSEN, KIM <del>1911 PRESERVATION DR</del> <del>PLANT CITY FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T 3056 SUTTON WOODS DRIVE PLANT CITY, FL 33567	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2/EX14 (9/99)