

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90090 011 ***158.75

DOCUMENT # V58355

1. Entity Name
LAMBTON LANDS LIMITED, INC.

Principal Place of Business

Mailing Address

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

~~1011 PRESERVATION DR
 PLANT CITY FL 33567-7606
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

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

City & State
PLANT CITY, FL

City & State
PLANT CITY, FL

4. FEI Number **59-3106096**

Applied For
 Not Applicable

Zip **33507** Country **USA**

Zip **33507** 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 33507

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 **KIM BLOK-ANDERSON** **4/29/2000**
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 | <input type="checkbox"/> Delete |
|---------|--------------------|----------------------|-----------------|---------------------------------|
| D/P/S/T | BLOK-ANDERSEN, KIM | 1911 PRESERVATION DR | PLANT CITY FL | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---------|------|-------------------------|----------------------|---------------------------------|-----------------------------------|
| D/P/S/T | | 3056 SUTTON WOODS DRIVE | PLANT CITY, FL 33507 | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: **KIM BLOK-ANDERSON** **4/29/2000** **813** **404-6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-EX14 (9/99)