

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90025 007 ****61.25

0041631

DOCUMENT # 704969

1. Entity Name

EDWARD LAWRENCE, INC.

Principal Place of Business

**527 9TH AVENUE NORTH
 ST PETERSBURG FL 33701**

Mailing Address

**% T.A.B.S.
 7601 9TH ST N. SUITE C-1
 SAINT PETERSBURG FL 33702-5200**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1004437

Applied For

Not Applicable

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

**GROSE, DORIS S
 527 9TH AVENUE NORTH
 APT 10
 ST PETERSBURG FL 33701**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Delete
 NAME **KAISHIAN, JOHN**
 STREET ADDRESS **527 9TH AVENUE NORTH # 34**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **GOLDEN, GLORIA**
 STREET ADDRESS **525 9TH AVE, N. #22**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE **D** ☒ Delete
 NAME **HENRY, STANLEY**
 STREET ADDRESS **525 9TH AVE N #1**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ Change ☒ Addition
 NAME **Danny Hall**
 STREET ADDRESS **527 9th Ave N # 28**
 CITY-ST-ZIP **ST. Petersburg, FL 33701**

TITLE **PD** ☒ Delete
 NAME **ROBERTS, BOB**
 STREET ADDRESS **525 9TH AVE N #23**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Karen Burke**
 STREET ADDRESS **525 9th Ave N #2**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **VD** ☐ Delete
 NAME **SPENCER, IRENE**
 STREET ADDRESS **525 9TH AVE, N. #3**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Pat Tierney**
 STREET ADDRESS **525 9th Ave N. #6**
 CITY-ST-ZIP **St. Petersburg, FL 33701**

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 617, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

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CR2E037 (9/01)