## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P93000077573 PETER LAWRENCE COMMERCIAL REAL ESTATE, INC. 03-22-2000 90065 047 \*\*\*158.75 Mailing Address Principal Place of Business 4710 EISENHOWER BLVD 4710 EISENHOWER BLVD 628004 TAMPA FL 33634-6334 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suité, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 65-0463688 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABRAMS, ALLAN Street Address (P.O. Box Number is Not Acceptable) 4710 EISENHOWER BLVD C1 **TAMPA FL 33634** Zip Code City FL 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE ABRAMS, ALLAN NAME 4710 EISENHOWER BLVD., C-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 Change | ☐ Addition TITLE Delete LLEWELLYN, ROBERTA NAME NAME STREET ADDRESS STREET ADDRESS 4710 EISENHOWER BLVD., C-1 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** Change ☐ Addition Delete TITLE SHAPIRO, JAMES J NAME NAME STREET ADDRESS 4710 EISENHOWER BLVD., C-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33634** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITER ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (813)889-8855