

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90522 003 ***150.00

DOCUMENT # 632003

1. Entity Name
LAWSON AND TEETER PROPERTIES, INC.



Principal Place of Business
**783 AVENUE Q SE
WINTER HAVEN FL 33880-4616
US**

Mailing Address
**783 AVENUE Q SE
WINTER HAVEN FL 33880-4616
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1928057**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TEETER, CARROLL E
725 AVENUE Q SE
WINTER HAVEN FL 33880-4616**

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. I am familiar with, and accept the obligations of registered agent.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EDWARDS, MARTHA T**
STREET ADDRESS **783 AVENUE Q SE**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

TITLE **D** ☐ Change ☒ Addition
NAME **TEETER, ALICE LYNN**
STREET ADDRESS **4641 RIDGE DR**
CITY-ST-ZIP **PINE LAKE GA 30072**

TITLE **PD** ☐ Delete
NAME **TEETER, DAVID C**
STREET ADDRESS **430 GREEN TURTLE COVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937-3713**

TITLE **D** ☐ Change ☒ Addition
NAME **MATHEWSON, KATHERINE JANE**
STREET ADDRESS **18919 NE 168TH ST**
CITY-ST-ZIP **WOODINVILLE WA 98072**

TITLE **CD** ☐ Delete
NAME **TEETER, CARROLL**
STREET ADDRESS **725 AVENUE Q SE**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4616**

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

TITLE **TD** ☐ Delete
NAME **TEETER, MARTHA E**
STREET ADDRESS **1490 69TH PLACE SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705-6033**

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

TITLE **D** ☐ Delete
NAME **LAWSON, MICHAEL A.**
STREET ADDRESS **2001 WEST LAKE ROY**
CITY-ST-ZIP **WINTER HAVEN FL 33880-4648**

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

TITLE **SD** ☐ Delete
NAME **TEETER, REBECCA A**
STREET ADDRESS **328 BRANDYWINE RD**
CITY-ST-ZIP **CHAPEL HILL NC 27516-3208**

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:

Carroll E Teeter
CARROLL TEETER, CHAIRMAN/CFO

JANUARY 16, 2003

863-293-5473

Date

Daytime Phone #

CR2E034 (10/02)