

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

03-08-2000 90063 002 ****61.25

DOCUMENT # 704969

1. Entity Name

EDWARD LAWRENCE, INC.

Principal Place of Business

Mailing Address

527 9TH AVENUE NORTH
ST PETERSBURG FL 33701

527 9TH AVENUE NORTH
ST PETERSBURG FLA 33701-1652

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

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include GROSE, DORIS S, PARKS, THOMAS, HENRY, MARY, ROBERTS, BOB, CHASE, AGATHA.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Roberts, Bob, Golden, Gloria, Spencer, Irene.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-3-00 Daytime Phone #: 727-823-1658

CR2E037 (9/99)