

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90032 012 ****61.25

DOCUMENT # 704969

1. Entity Name

EDWARD LAWRENCE, INC.

Principal Place of Business

527 9TH AVENUE NORTH
 ST PETERSBURG FL 33701

Mailing Address

527 9TH AVENUE NORTH
 ST PETERSBURG FL 33701

(LA)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o T.A.B.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7601 9th St N, Suite C-1

City & State

City & State

ST PETERSBURG, FL

4. FEI Number **59-1004437**

Applied For

Not Applicable

Zip

Country

Zip

Country

33702-5200 PINELLAS

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
After September 12, 2001, min. will be \$236.25

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 **GROSE, DORIS S**
 STREET ADDRESS **527 9TH AVE N #10**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE Change Addition
 NAME **JOHN KAISHIAN**
 STREET ADDRESS **527 9TH Av. N. # 34**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

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

TITLE **D/S** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** Change Addition
 NAME **STANLEY HENRY**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 of Registered Agent

9-6-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/01