

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000678**

1. Entity Name

DEVELOPMENTAL DESIGNS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

3324 W. UNIVERSITY AVE., STE. 152
GAINESVILLE FL 32607

Mailing Address

POST OFFICE BOX 140009
GAINESVILLE FL 32614-0009

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

59-3350435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAWSON, PHILIP A
3324 W. UNIVERSITY AVE., STE. 152
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

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

9. Capital Contributions
as Shown on record.

\$600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$30,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **H13772**
NAME **LAWSONICS, INC.**
STREET ADDRESS **3324 W. UNIVERSITY AVE., STE. 152**
CITY-ST-ZIP **GAINESVILLE FL 32607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800003417268--6
-10/05/00--01100--007
******298.75 ****298.75**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
[Signature] **Vice President / Treasurer Lawsonics Inc.** **(888) 277-2850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **9/25/00** Daytime Phone # **(352) 332-5723**

CR2E003 (5/00)