

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A95000000678

1. Entity Name

DEVELOPMENTAL DESIGNS, LTD.

Principal Place of Business

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

Mailing Address

POST OFFICE BOX 1400C9
GAINESVILLE FL 32614-0009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3350435

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

(NOT

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.

\$30,000.00

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

13.

ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

400004218164-0

05/15/01-01108-024

****298.75 ****298.75

DOCUMENT #
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CITY-ST-ZIP

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: Donna Watson Lawson, IVP, Lawsonics, Inc incorporated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01 352-332-5723

Date

Daytime Phone #

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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