

2002 UNIFORM BUSINESS REPORT (UBR)

0001823

DOCUMENT # A95000000678

1. Entity Name

DEVELOPMENTAL DESIGNS, LTD.

FILED
Sep 26, 2002 8:00 A.M.
Secretary of State

Principal Place of Business

Mailing Address

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

POST OFFICE BOX 140009
GAINESVILLE FL 32614-0009



2. Principal Place of Business

3. Mailing Address

5950 S.W. 20th Ave.

Suite, Apt. #, etc.

28

DUE BY SEPTEMBER 25, 2002

City & State

City & State

Gainesville, FL

4. FEI Number 59-3350435

Applied For

Not Applicable

Zip

Country

Zip

Country

32607

Alachua

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

LAWSON, PHILIP A

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

Name

Donna Watson Lawson

Street Address (P.O. Box Number is Not Acceptable)

5950-28 S.W. 20th Ave.

City

Gainesville

FL

Zip Code 32607

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.

Donna Watson Lawson VP - Lawsonics, Inc.

9/24/02

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

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

P.O. Box 140009, Gainesville 32614
5950-28 S.W. 20th Ave.

CITY-ST-ZIP

Gainesville, FL 32607

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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

VP - Lawsonics, Inc.

SIGNATURE:

Donna Watson Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/24/02

352-332-0723

Date Daytime Phone #

CR2E003 (4/02)