

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90151 031 \*\*\*550.00

0010318 AV

**DOCUMENT # F19572**

1. Entity Name  
**LAWRENCE MOLDING CORPORATION OF FLORIDA**



Principal Place of Business  
**108 COMMERCE STREET  
LONGWOOD FL 32750**

Mailing Address  
**108 COMMERCE STREET  
LONGWOOD FL 32750**

2. Principal Place of Business  
**896 S. COLUMBUS AVE.**

3. Mailing Address  
**896 S COLUMBUS AVE.**

Suite, Apt. #, etc.

City & State  
**MOUNT VERNON, N.Y.**

City & State  
**MOUNT VERNON, N.Y.**

Zip  
**10550**

Country  
**USA**

4. FEI Number  
**13-3056999**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, MIKE V  
3275 WILDPEPPER COURT  
DELTONA FL 32725**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST SCHWARTZMAN, GILBERT 1025 OLD WHITE PLAINS RD MAMARONECK NY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV GOLDSTEIN, MELVIN 87 SANFORD LANE STAMFORD CT</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT GOTTLIEB, LOUIS 78 STRATFORD ROAD NEW ROCHELLE NY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES BELL, JAMES 56 HICKORY HILL RD EASTCHESTER NY 10709</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **X SIGNATURE REQUIRED** *[Signature]* **7-21-03** **914-699-7070**

DATE DAYTIME PHONE #

CR2E034 (4/03)