

2000 UNIFORM BUSINESS REPORT (UBR) 80 48

DOCUMENT # F39901

1. Entity Name

LAWSON, NOBLE & WEBB, INC.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90042 038 ***158.75

Principal Place of Business

Mailing Address

420 COLUMBIA DRIVE.
WEST PALM BEACH FL 33409420 COLUMBIA DRIVE.
WEST PALM BEACH FL 33409-1968

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 110

SUITE 110

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2090616

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER ROBERT S
2307 SE MONTEREY RD.
STUART FL 34996

Name

N. DEAN KOHL JR.

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

50 SOUTH EAST KINDRED STREET

City

STUART

FL

Zip Code

34994

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

N. Dean Kohl, Jr. 2-21-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME MIKE KOLODZIEJCZYK
STREET ADDRESS 1701 SW CASHMERE BLVD.
CITY-ST-ZIP PORT ST. LUCIE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME RONALD LAST
STREET ADDRESS 11683 ORANGE GROVE BLVD.
CITY-ST-ZIP ROYAL PALM BCH FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME WHITE, PERRY
STREET ADDRESS 7585 THORNLEA DR.
CITY-ST-ZIP LAKE WORTH FLTITLE V./D. ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD ☐ Delete
NAME WEBB, ELIZABETH
STREET ADDRESS 6670 DUCKWEED RD.
CITY-ST-ZIP LAKE WORTH FLTITLE V./S/D. ☒ Change ☐ Addition
NAME
STREET ADDRESS 6675 DUCKWEED ROAD
CITY-ST-ZIPTITLE P ☐ Delete
NAME LAWSON, ROBERT W
STREET ADDRESS 3723 VALLEY PARK WAY
CITY-ST-ZIP LAKE WORTH FL 33467TITLE P./D. ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME SANDERS, THEODORE
STREET ADDRESS 86 W. PLUMOSA LANE
CITY-ST-ZIP LAKE WORTH FLTITLE V./D. ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: [Signature] President.

1-24-00

561-684-6686

ROBERT W. LAWSON

CR2E034 (9/99)