

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90085 038 \*\*\*158.75

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F39901**

1. Entity Name  
**LAWSON, NOBLE & WEBB, INC.**

Principal Place of Business <b>420 COLUMBIA DRIVE.          SUITE 110          WEST PALM BEACH FL 33409</b>	Mailing Address <b>420 COLUMBIA DRIVE.          SUITE 110          WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2090616</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KOHL, H DEAN JR 50 SOUTH EAST KINDRED STREET STUART FL 34984</b>				7. Name and Address of New Registered Agent Name <b>David H. Baker</b> Street Address (P.O. Box Number is Not Acceptable) <b>Alley, Maass, Rogers &amp; Lindsay P. A. 321 Royal Poinciano Plaza South</b> City <b>Palm Beach</b> FL Zip Code <b>33480</b>			
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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 See Attached confirmation from state of Florida dated 11/27/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MIKE KOLODZIEJCZYK</b> <b>1701 SW CASHMERE BLVD.</b> <b>PORT ST. LUCIE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <b>Marcia L. Lee</b> <b>1401 Village Blvd. #1412</b> <b>West Palm Beach, FL 33409</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RONALD LAST</b> <b>11683 ORANGE GROVE BLVD.</b> <b>ROYAL PALM BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Robert McSorley</b> <b>12991 North Normandy Way</b> <b>Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WHITE, PERRY</b> <b>7585 THORNLEA DR.</b> <b>LAKE WORTH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WEBB, ELZABETH</b> <b>6875 DUCKWEED ROAD</b> <b>LAKE WORTH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LAWSON, ROBERT W</b> <b>3723 VALLEY PARK WAY</b> <b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SANDERS, THEODORE</b> <b>88 W. PLUMOSA LANE</b> <b>LAKE WORTH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: [Signature] **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)