

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 005 ***150.00

DOCUMENT # F84967

1. Entity Name

KEITH LAWSON COMPANY, INC.

(NC/LW)

DO NOT WRITE IN THIS SPACE

668946

2. Principal Place of Business

4557 Capital Cir. N.W.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 37309

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2421595

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32315

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Keith O. Lawson

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

210 Meadow Ridge Drive

City

Tallahassee

FL

32312

**DO NOT WRITE
IN THIS SPACE**

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 file 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.
(See criteria on back)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

T.
Lawson, Charles J.
6244 Rocky Top Drive
Antioch, TN 37013

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

DP
Lawson, Keith O.
210 Meadow Ridge Drive
Tallahassee, FL 32312

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

VP/S
Lawson, Keith O. II
2481 Luten Road
Quincy, FL 32351

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

(850)562-2600

Date

Daytime Phone #

CR2E034B (12/01)