2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F84967

Title:

Name:

Address:

City-St-Zip:

Entity Name: KEITH LAWSON COMPANY INC.

FILED May 01, 2003 Secretary of State

_	mer Kenne,	7,17,1					
Current Principal Place of Business:			1	New Principal Place of Business:			
	ITAL CIRCLE N SSEE, FL 3230						
Current M	lailing Addres	s:	1	New Mailing	Address:		
P.O.BOX	O. LAWSON (37309 SSEE, FL 3231	5 US					
FEI Number	: 59-2421595	FEI Number Applied F	or () FEI Numb	er Not Applicab	ole () Certific	cate of Status D	esired()
Name and Address of Current Registered Agent:			gent: N	Name and Address of New Registered Agent:			
	, KEITH O OOW RIDGE DF SSEE, FL 3231						
	,	2 00					
The above	r	ubmits this statemen	t for the purpose of (changing its re	egistered office or	registered ag	ent, or both,
The above	e named entity s e of Florida.		t for the purpose of (changing its re	egistered office or	registered ag	ent, or both,
The above in the State	e named entity s e of Florida. RE:			changing its re	egistered office or	registered ag	ent, or both,
The above in the State SIGNATU	e named entity s e of Florida. RE: Electroni	ubmits this statemen ic Signature of Regis Trust Fund Contributio	tered Agent		egistered office or	Date	
The above in the State SIGNATU	e named entity see of Florida. RE: Electroni mpaign Financing S AND DIRECT	ubmits this statementic Signature of Regis Trust Fund Contributio FORS: Delete RLES J DP DRIVE	tered Agent n ().		CHANGES TO OF	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH O LAWSON DP 05/01/2003

(X) Delete

LAWSON, CHARLES J

6244 ROCKY TOP DR

ANTIOCH, TN 37013

() Change () Addition