2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90090 010 ***150.00

0564274 AV

DOCUMENT # G11365

1. Entity Name
DEAKINS-LAWRENCE INSURANCE AGENCY, INC.

LAWRENCE INSURANCE AGNECY; INC:

Principal Place of Business	Mailing Address
2020 SOUTH PARROT AVE. P. O. BOX 549 (34973) OKEECHOBEE FL 34974	2020 SOUTH PARROT AVE. P. O. BOX 549 (34973) OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2238816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWRENCE, RONNIE 2020 SOUTH PARROTT AVENUE OKEECHOBEE FL 34974	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.

SIGNATURE _____
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWRENCE, RONNIE 2020 S.PARROTT AVE. OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LAWRENCE, ELLAIN 2020 S PARROTT AVE OKEECHOBEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LAWRENCE, HEATH 2020 S PARROTT AVE OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Ellain Lawrence Ellain Lawrence, STD 2-14-02 863-467-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #611365

416091

Lawrence Insurance Agency, Inc.
2020 South Parrott Avenue
PO Box 549
Okeechobee, Florida 34974
863-467-0600

Dear Company:

Please be advised, the name of our Agency has been changed from Deakins-Lawrence Insurance Agency, Inc., to Lawrence Insurance Agency, Inc. The officers, Directors and Federal ID number remain the same.

I thank you in advance for promptly making this name change in your system.

Respectfully,

Ronnie Lawrence
President

Attachment #G11365 / 41609

State of Florida

Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on January 22, 2002, to Articles of Incorporation for DEAKINS-LAWRENCE INSURANCE AGENCY, INC. which changed its name to LAWRENCE INSURANCE AGENCY, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is G11365.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-fifth day of January, 2002

Katherine Harris

Katherine Harris
Secretary of State

CR2EO22 (1-99)