

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # H03980**1. Entity Name
LAWSON FINANCIAL CORPORATION**Principal Place of Business**11300 4 ST N
100
ST PETERSBURG
33716

US

FL

Mailing Address3352 E CAMELBACK RD
PHOENIX
85018

US

AZ

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**59-2413607**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BUSSEY, RUTLAND W.**
1060 WATER OAK COURT NE**ST PETERSBURG**
33703

US

FL

7. Name and Address of New Registered Agent

Name

BALLON PAUL JJR

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

11300 4TH ST N #100

City

ST PETERSBURG**FL**Zip Code
33716

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 **PAUL J BALLON, JR****09/07/2001**

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, 2001 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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWSON, PAMELA	
STREET ADDRESS	5230 E. HATCHER	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUSSEY, RUTLAND W.	
STREET ADDRESS	1060 WATER OAK COURT NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAWSON, ROBERT W.	
STREET ADDRESS	5230 E. HATCHER	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANNA LONA M	
STREET ADDRESS	207 W CLARENDON AVE #6-C	
CITY-ST-ZIP	PHOENIX AZ 85013	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, PAMELA	
STREET ADDRESS	5230 E. HATCHER	
CITY-ST-ZIP	PARADISE VALLEY AZ	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLON PAUL JJR	
STREET ADDRESS	11300 4TH ST N #100	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: ROBERT W LAWSON

P

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)