

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H03980

FILED  
Jul 02, 2002 8:00 AM  
Secretary of State

Entity Name: LAWSON FINANCIAL CORPORATION

## Current Principal Place of Business:

11300 4 ST N  
100  
ST PETERSBURG, FL 33716 US

## New Principal Place of Business:

## Current Mailing Address:

3352 E CAMELBACK RD  
PHOENIX, AZ 85018 US

## New Mailing Address:

FEI Number: 59-2413607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BALLON, PAUL J JR  
11300 4TH ST N #100  
ST PETERSBURG, FL 33716 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LAWSON, ROBERT W.,  
Address: 5230 E. HATCHER  
City-St-Zip: PARADISE VALLEY, AZ

Title: V ( ) Delete  
Name: BALLON, PAUL J JR  
Address: 11300 4TH ST N #100  
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: ST ( ) Delete  
Name: LAWSON, PAMELA,  
Address: 5230 E. HATCHER  
City-St-Zip: PARADISE VALLEY, AZ

Title: D ( ) Delete  
Name: NANNA, LONA M  
Address: 207 W CLARENDON AVE #6-C  
City-St-Zip: PHOENIX, AZ 85013 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT W LAWSON

DP

07/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date