

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0006711

DOCUMENT # H77808

1. Entity Name
LAWRENCE J. NIXON, P.A.

02-27-2001 90361 037 ***150.00

Principal Place of Business Mailing Address
444 SEABREEZE BLVD **444 SEABREEZE BLVD**
#435 **#435**
DAYTONA BEACH FL 32118 **DAYTONA BEACH FL 32118**

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 **59-2581977** 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

7. Name and Address of New Registered Agent

WILLITS, JANINE J.
444 SEABREEZE BLVD
DAYTONA BEACH FL 32118

Name **LAWRENCE J. NIXON**
 Street Address (P.O. Box Number is Not Acceptable)
444 SEABREEZE BLVD.
SUITE 435
 City **DAYTONA BEACH** FL Zip Code **32118**

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 **LAWRENCE J. NIXON** DATE **2/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	NIXON, LAWRENCE J.	444 SEABREEZE BLVD	DAYTONA BEACH FL 32118	<input type="checkbox"/>
STD	WILLITS, JANINE J.	444 SEABREEZE BLVD	DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	ANNA BRIGGS	444 SEABREEZE BLVD., SUITE 435	DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **LAWRENCE J. NIXON** Date **2/20/01** Daytime Phone # **904-258-0286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)