FILED

305-696-8660 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

DOCUMENT # J35239 1. Entity Name LAWSON INDUSTRIES, INC.					Mar 06, 2001 8:00 am Secretary of State 03-06-2001 90361 023 ***158.75			
Principal Place of Business 3501 NW 90TH ST MEDLEY FL 33166 US		Mailing Address 8501 NW 90TH ST MEDLEY FL 33166 US			1 (88 o) # 418 8 118 8 1 (8 1) N R		18J1 6 (9)) 1 8 S	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SPACE		
City & State		City & State		4. F	El Number 59-27274	··	Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current F	legistered Agent		7. N	lame and Address of New	Registered Agent		
-7030		10 ф Staeet =L. 33166	Street Add	<u> </u>	ox Number is Not Accepta			
			City	TEOLE		FL Zip Co	3316G	
Tax filing ((See criter	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	E: Registered Agent signature !!! FEE IS \$150.00 001 Fee will be \$55 ble to Department	0.00 of State	10. Election Campaign f Trust Fund Contribu	tion. Add	00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D DP BAILEY, HAROLD W. 15410 DURNFOLD DRIVE MIAMI LAKES FL	DELECTORS Delete	NAME STREET ADDRESS	DP BAILEY:	DITIONS/CHÂNGES TO OI HAROLD W. J 9011, STREET FL. 33166	🙎 Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SCHAAD, CHARLES 28 GULFSTREAM DR KEY LARGO FL 33037	≥ Delete		0	RONALD 1902h STREET FL. 33166	⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP BAILEY, RONALD 7030 NW 37TH CT MIAMI FL 33147	☐ 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	<u></u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that r vered to execute this report	ny signature shall hav as required by Chapi	re the same I	egal effect as if made unde	er oath; that I am an office	er or director	