

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90137 006 \*\*\*150.00

0319216

**DOCUMENT # K60138**

1. Entity Name

**ROBERT L. LAWRENCE D.C., P.A.**

Principal Place of Business

1202 S. LAKE DR.  
 #104  
 LANTANA FL 33462  
 US

Mailing Address

1202 S. LAKE DR.  
 #104  
 LANTANA FL 33462  
 US

2. Principal Place of Business

3. Mailing Address

**110 HALF MOON CIR**

**110 HALF MOON CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B-1**

**B-1**

City & State

City & State

**Hypoluxo FL**

**Hypoluxo FL**

Zip

Zip

Country

Country

**33462**

**33462**

**PAIM Bch**

**PAIM Bch**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, ROBERT L.**  
**1202 S LAKE DR**  
**SUITE 104**  
**LANTANA FL 33462**

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, 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 **P** ☐ Delete  
 NAME **LAWRENCE, ROBERT L.**  
 STREET ADDRESS **1202 S LAKE DRIVE, SUITE 104**  
 CITY-ST-ZIP **LANTANA FL**

TITLE **Robert L. Lawrence** ☒ Change ☐ Addition  
 NAME **110 HALF MOON CIR B-1**  
 STREET ADDRESS **Hypoluxo, FL 33462**  
 CITY-ST-ZIP **33462**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.17.01 561 547 6547**

Date

Daytime Phone #

CR2E034 (10/00)

**C0045496**



DO NOT WRITE IN THIS SPACE