

4/22

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90166 012 ***150.00

DOCUMENT # LO1000020017

1. Entity Name

Lawton Ltd., LLC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3301 N Indian River Dr

3. Mailing Address

P.O. Box 12303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACECity & State Fort Pierce FloridaCity & State Fort Pierce, FL

4. FEI Number

05-1154520

Applied For

Not Applicable

Zip 34946Country USAZip 34979Country USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name SUSAN LAWTON COPELAND

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

800 SE Monterey Commons Blvd Ste 200City Stuart

FL

Zip Code 34996**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME
STREET ADDRESS
CITY - ST - ZIP
P/V/T/S
SUSAN LAWTON COPELAND
3301 N. INDIAN RIVER DRIVE
FT. PIERCE, FL 34946

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Lawton Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN LAWTON COPELAND

4/11/02

Date

772-288-1980

Daytime Phone #