2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04236

1. Entity Name

LAWRENCE CONCEPTS, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

| | | | | 02-05-2000 90015 0 | 11 ***150.00 |
|--|--|--|---|--|---------------------------------|
| Principal Place of Business Mailing Address | | | | _ | |
| 756 FORTUNA DR BRANDON FL 33511 US | | 756 FORTUNA DRIVE BRANDON FL 33511-7963 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IT | N THIS SPACE |
| City & State | | City & State | | 4. FEI Number 59-2959742 | Applied For |
| ــ : Zip- ــــــــــــــــــــــــــــــــــــ | | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current I | Registered Agent | | 7. Name and Address of New Regis | tered Agent |
| | | | Name | 4 | |
| 756 F | ence, richard e Ortuna drive | Street Address | | s (P.O. Box Number is Not Acceptable) | |
| BRANI | DON FL 33511 | | | | |
| | | | City | | FL Zip Code |
| 8. The above r | named entity submits this statement for | the purpose of changing its re | gistered office or regist | ered agent, or both, in the State of Florida | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | and title if applicable (NOTE: R | legistered Agent signature requir | red when reinstating) | DATE |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | - | FEE IS \$150.00 Fee will be \$550.00 | | ing \$5.00 May Be Added to Fees |
| | OFFICERS AND I | | 12. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 11 |
| 11. | PTD OFFICERS AND I | Delete | TITLE | ADDITIONS/CHANGES TO OFFICE | Change ::" |
| | LAWRENCE, RICHARD E. | FT Delete | NAME | | |
| | 756 FORTUNA DRIVE | | STREET ADDRESS | | |
| | BRANDON FL | * | CITY-ST-ZIP | | |
| | SVD | ☐ Delete | TITLE | | ☐ Change ☐ * 32000 |
| | LAWRENCE, ANNE C. | | NAME | | |
| | 756 FORTUNA DRIVE | | STREET ADDRESS CITY-ST-ZIP | | |
| .CITY-ST-ZIP - | BRANDON FL | The same of the sa | | | Additio |
| TITLE NAME | • | ☐ Delete | TITLE NAME | | □ cligalge □ Additio |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Additio |
| NAME | and the second section is | | NAME | | |
| STREET ADDRESS | | • | STREET ADDRESS | | |
| CITY-ST-ZIP | · | | CITY-ST-ZIP | | |
| TITLE | et . | Delete | TITLE | | ☐ Change ☐ Additio |
| NAME STREET ADDRESS - | | · | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | · | ☐ Delete | TITLE | | Change |
| NAME | | المانون بـــ | NAME | | _ • |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | • | | CITY-ST-ZIP | | |
| | | | | | |

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat