

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90301 039 ***150.00

DOCUMENT # M91444

1. Entity Name

W.D. LAWRENCE, INCORPORATED

Principal Place of Business

**1718A MAIN ST.
 SARASOTA FL 34236
 US**

Mailing Address

~~2033 MAIN ST~~
~~STE 303~~
~~SARASOTA FL 34237~~
US

2. Principal Place of Business

3. Mailing Address

✓ 1718A MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34236

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABA, RICHARD D.
 2033 MAIN ST.
 STE 303
 SARASOTA FL 34237**

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, 2002 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	<input type="checkbox"/> Delete
NAME	LAWRENCE, WILLIAM D.	
STREET ADDRESS	2743 MOSS OAK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWRENCE, NANCY A.	
STREET ADDRESS	2743 MOSS OAK DR.	
CITY-ST-ZIP	SARASOTA FL 34213	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W.D. LAWRENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 94-35-6500

Day

Daytime Phone #

CR2E034 (9/01)