

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026884

1. Entity Name  
**LAWMAN DIRECT, INC.**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90026 037 \*\*\*150.00

Principal Place of Business

6400 N. TURQUOISE POINT  
DENNELLO FL 34433

Mailing Address

6400 N. TURQUOISE POINT  
DENNELLO FL 34433

2. Principal Place of Business

8604 W. Pine Bluff St.  
Suite, Apt. #, etc.

3. Mailing Address

8604 W. Pine Bluff St.  
Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-3632574

Applied For

Not Applicable

Zip

34428

Country

US

Zip

34428

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SURBER, DARLENE R  
6400 N. TURQUOISE POINT  
DENNELLO FL 34433

7. Name and Address of New Registered Agent

Name: SURBER, DARLENE R  
Street Address (P.O. Box Number is Not Acceptable): 8604 W. Pine Bluff St.  
City: CRYSTAL RIVER FL Zip Code: 34428

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SURBER, DARLENE R	
STREET ADDRESS	6400 N. TURQUOISE POINT	
CITY-ST-ZIP	DENNELLO FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURBER, RONNIE G JR	
STREET ADDRESS	6400 N. TURQUOISE POINT	
CITY-ST-ZIP	DENNELLO FL 34433	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	8604 W. Pine Bluff St.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	8604 W. Pine Bluff St.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Darlene R. Surber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 (352) 795-8017  
Date Daytime Phone #

CR2E034 (10/00)