

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90180 029 ***750.00

DOCUMENT # P00000035903

1. Entity Name
LAWANNA, INC.

Principal Place of Business

11411-B KIMBLE DRIVE
 FORT MYERS FL 33908

Mailing Address

11411-B KIMBLE DRIVE
 FORT MYERS FL 33908

2. Principal Place of Business

5470 Beaujolais Lane
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6734
 Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft Myers Beach, FL

Zip

Country

33919 USA

Zip

Country

33932 USA

4. FEI Number 65-1053497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, LAWANNA J
 11411-B KIMBLE DRIVE
 FORT MYERS FL 33908

Name

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

5470 Beaujolais Lane

City

FORT MYERS

FL

Zip Code

33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lawanna J Wood

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/27/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PSTD ☐ Delete
 NAME WOOD, LAWANNA J
 STREET ADDRESS 11411-B KIMBLE DRIVE 5470 BEAUJOLAIS LN
 CITY-ST-ZIP FORT MYERS FL 33908 FT MYERS, FL 33919

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Lawanna J Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/02 239 489-3609
 Date Daytime Phone #

CR2E034 (4/02)