

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90100 043 \*\*\*150.00

DOCUMENT # P00000046850

1. Entity Name  
**LAWRENCE ELECTRONICS CORPORATION**

Principal Place of Business      Mailing Address  
 9504 PUTNEY HILL CT.      9504 PUTNEY HILL CT.  
 TAMPA FL 33615      TAMPA FL 33615

00005757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8514 Beta Court**      **8514 Beta Court**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Odessa, FL.**      **Odessa, FL.**

4. FEI Number      Applied For  
**54-3649351**      Not Applicable

Zip      Country      Zip      Country  
**33556**      **Hillsborough**      **33556**      **Hills.**

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

6. Name and Address of Current Registered Agent  
**LAWRENCE, NICKY R**  
**9504 PUTNEY HILL CT.**  
**TAMPA FL 33615**

7. Name and Address of New Registered Agent  
 Name: **Nicky R. Lawrence**  
 Street Address (P.O. Box Number is Not Acceptable):  
**8514 Beta Court**  
 City: **Odessa**      FL      Zip Code: **33556**

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: **Nicky Lawrence**      **Nicky R. Lawrence**      **1-10-2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP LAWRENCE, NICKY R 9504 PUTNEY HILL CT. TAMPA FL 33615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nicky R. Lawrence</b> <b>8514 Beta Ct</b> <b>Odessa, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Nicky Lawrence**      **Nicky R. Lawrence - President**      Date: **1-10-01**      Daytime Phone: **889-96-4294**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

0516602

CRE034 (10/00)