

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046850

1. Entity Name

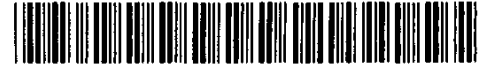
LAWRENCE ELECTRONICS CORPORATION

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

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

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.  
Zip Country Zip Country  
33556 Hillsborough 33556 Hills.

4. FEI Number Applied For  
54-3649351 Not Applicable  
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 DP  
NAME LAWRENCE, NICKY R  
STREET ADDRESS 9504 PUTNEY HILL CT.  
CITY-ST-ZIP TAMPA FL 33615  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE President & Director  
NAME Nicky R. Lawrence  
STREET ADDRESS 8514 Beta Ct  
CITY-ST-ZIP Odessa, FL 33556  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change 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 1-10-01 03-96-4294  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0516602

CRE034 (10/00)