

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90071 022 \*\*\*150.00

DOCUMENT # P000000052045

1. Entity Name

LAWSONART CORPORATION

DO NOT WRITE IN THIS SPACE

80058629

2. Principal Place of Business

24 DOCKSIDE LN. PMB89

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

City & State

KEY LARGO, FL

City & State

4. FEI Number

65-1018804

Applied For

Not Applicable

Zip

33037

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

GREGORY M. LAWSON

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

61 ANCHER DR. #61

City

KEY LARGO

FL

Zip Code

33037

DO NOT WRITE  
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D  
LAWSON, GREGORY M  
24 DOCKSIDE LN, PMB89  
KEY, LARGO, FL 33037

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGORY M. LAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2002 704 904-5261

Date

Daytime Phone #

GREGORY M. LAWSON

CR2034B (12/01)