

FILED  
Jun 20, 2001 8:00 am  
Secretary of State

05-18-2001 91595 010 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068967

1. Entity Name  
FRANCIS LAWRENCE DEVELOPMENT, INC.

Principal Place of Business Mailing Address  
1104 N. COLLIER BOULEVARD 1104 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145 MARCO ISLAND FL 34145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For  
59-3674134 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

GREUSEL, JAMIE B ESQ.  
1104 N. COLLIER BOULEVARD  
MARCO ISLAND FL 34145

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Zip Code

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 re-registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$350.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contributor.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GREUSEL, JAMIE B	
STREET ADDRESS	1104 N. COLLIER BOULEVARD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	LAWRENCE SIKORSKI	
STREET ADDRESS	267 SHADOW RIDGE CTR	
CITY-ST-ZIP	MARCO ISL. FL. 34145	
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		<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		
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 attached list with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lawrence Sikorski 4-30-01