

# 2001-UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90070 001 \*\*\*150.00  
04-23-2001 90070 002 \*\*\*\*\*8.75

DOCUMENT # P00000081954

1. Entity Name

KEVIN AND DEBORAH LAWRENCE TRUCKING, INC.

Principal Place of Business

2340 RIDDLE RD.  
CANTONMENT FL 32533

Mailing Address

2340 RIDDLE RD.  
CANTONMENT FL 32533

38314

2. Principal Place of Business

Suite, Apt. #, etc.

173 Marten St

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 2594

City & State

LaBelle FL

City & State

LaBelle FL

4. FEI Number

59-3665641

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

LAWRENCE, KEVIN H  
2340 RIDDLE RD.  
CANTONMENT FL 32533

Name

Lawrence Kevin H.

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

173 Marten St

City

LaBelle

FL

Zip Code

33975

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) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAWRENCE, KEVIN H  
CITY-ST-ZIP 2340 RIDDLE RD.  
CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition  
NAME LAWRENCE KEVIN H  
STREET ADDRESS P.O. Box 2594  
CITY-ST-ZIP LaBelle FL 33975

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAWRENCE, DEBORAH L  
CITY-ST-ZIP 2340 RIDDLE RD.  
CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition  
NAME LAWRENCE DEBORAH L  
STREET ADDRESS P.O. Box 2594  
CITY-ST-ZIP LaBelle FL 33975

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-850 261 2992  
1-863 612 0612

CR2E034 (10/00)