

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91378 002 \*\*\*150.00

**DOCUMENT # P00000081954**

1. Entity Name  
**KEVIN LAWRENCE TRUCKING INC.**



Principal Place of Business  
**173 MARTEN ST  
LA BELLE FL 33975**

Mailing Address  
**P O BOX 2594  
LA BELLE FL 33975**

2. Principal Place of Business

3. Mailing Address

**2340 Ridale Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cantonment FL**

Zip

Country

Zip

Country

**32533**

**Escombria**

4. FEI Number **59-3665641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, KEVIN H  
173 MARTEN ST  
LA BELLE FL 33975**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kevin H Lawrence*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LAWRENCE, KEVIN H**  
STREET ADDRESS **173 MARTIN ST.**  
CITY-ST-ZIP **LA BELLE FL 33935**

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

TITLE **VP** ☐ Delete  
NAME **LAWRENCE, KEVIN H II**  
STREET ADDRESS **1025 RAYBURN RD**  
CITY-ST-ZIP **ELIZABETHTOWN PA 17022**

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

TITLE **TS** ☒ Delete  
NAME **MUNSON, MELISSA M**  
STREET ADDRESS **415 CLAY ST**  
CITY-ST-ZIP **LABELLE FL 33935**

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

TITLE **TS** ☐ Delete  
NAME **Michael P. Lawrence**  
STREET ADDRESS **119 Starwood Circle**  
CITY-ST-ZIP **Box 12 Jacksonville NC 28540**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kevin H Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03 850 384 2775**

Date

Daytime Phone #

CR2E034 (10/02)