

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082131

1. Entity Name  
LAWRENCE MOTORS, INC.

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90062 046 \*\*\*550.00

Principal Place of Business

3191 SW 14 PL  
BAY 2  
BOYNTON BEACH FL 33426

NEW ADDRESS

Mailing Address

3191 SW 14 PL  
BAY 2  
BOYNTON BEACH FL 33426

NEW ADDRESS

2. Principal Place of Business

31 HEATHER COVE DR

3. Mailing Address

31 HEATHER COVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOYNTON BEACH FL

City & State  
BOYNTON BEACH FL

4. FEI Number

65-1037032

Applied For

Not Applicable

Zip  
33436

Country

Zip  
33436

Country

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

SUFRIN, DOUGLAS

31 HEATHER COVE DR

BOYNTON BEACH FL 33436

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

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 \$550.00  
After September 13, 2002, Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SUFRIN, DOUGLAS  
31 HEATHER COVE DR  
BOYNTON BEACH FL 33436 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)