

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90105 042 \*\*\*150.00

**DOCUMENT # P00000088693**

1. Entity Name

**KEITH LAWSON TRANSPORT, INC.**

Principal Place of Business

1684 CYPRESS AVE. #40  
 MELBOURNE FL 32935

Mailing Address

4260 COREY RD.  
 MALABAR FL 32950

2. Principal Place of Business

1684 Cypress Ave.  
 Suite, Apt. #, etc.  
 #40

3. Mailing Address

4260 Corey Rd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

City & State

MALABAR FL

4. FEI Number

59-3686237

Applied For

Not Applicable

Zip

32935

Country

U.S.A.

Zip

32950

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LAWSON, KEITH  
 4280 COREY RD.  
 MALABAR FL 32950

7. Name and Address of New Registered Agent

Name

Keith LAWSON

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

4280 Corey Rd

City

MALABAR

FL

Zip Code

32950

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

Keith Lawson

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

TITLE NAME ☐ Delete  
 Keith LAWSON Owner  
 STREET ADDRESS 4280 Corey Rd  
 CITY-ST-ZIP MALABAR FL 32950

TITLE NAME ☐ Delete  
 Judith LAWSON Secretary  
 STREET ADDRESS 4280 Corey Rd  
 CITY-ST-ZIP MALABAR FL 32950

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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:

Keith Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

321-543-7992

Daytime Phone #

CR2E034 (10/00)