

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 048 \*\*\*150.00

**DOCUMENT # P00000096219**  
 1. Entity Name  
**LAWSON COMPANY, INC.**

Principal Place of Business      Mailing Address  
**3901 W. KENNEDY BLVD.**      **3901 W. KENNEDY BLVD.**  
**TAMPA FL 33609**      **TAMPA FL 33609**

2. Principal Place of Business      3. Mailing Address  
**18302 HIGHWOODS PRESERVE PKWY.**      **1611 W. PLATT ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**105**      **USA**  
 City & State      City & State  
**TAMPA FL**      **TAMPA FL**  
 Zip      Zip  
**33647**      **33606**  
 Country      Country  
**USA**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3683403**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAWSON, LARRY F**  
**3901 W. KENNEDY BLVD.**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent  
 Name  
**KEITH W. KOETTLER, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1611 W. PLATT ST.**  
 City      State      Zip Code  
**TAMPA**      **FL**      **33606**

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      DATE **4/24/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>MARK A. WEISS</b>
CITY-ST-ZIP	<b>3418 HANDY RD. STE 102</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>LARRY F. LAWSON</b>
CITY-ST-ZIP	<b>18302 HIGHWOODS PRESERVE PKWY #105</b>
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 reports 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:      DATE: **4/27/01**      DAYTIME PHONE #: **813-739-8722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)