

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90072 006 \*\*\*150.00

**DOCUMENT # P00000102891**

1. Entity Name  
**LAWSON & ASSOCIATES INSURANCE ADJUSTERS INC**

Principal Place of Business  
**14499 S.W. 112TH CIRCLE**  
**DUNNELLON FL 34432**

Mailing Address  
**14499 S.W. 112TH CIRCLE**  
**DUNNELLON FL 34432**

2. Principal Place of Business  
**14499 SW 112th Cir**

3. Mailing Address  
**14499 SW 112th Cir**

Suite, Apt. #, etc.  
 City & State  
**DUNNELLON FL**

Suite, Apt. #, etc.  
 City & State  
**DUNNELLON FL**

Zip  
**34432**

Country  
**USA**

Zip  
**34432**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1062173**

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**

**LAWSON, DENIS**  
**14499 S.W. 112TH CIRCLE**  
**DUNNELLON FL 34432**

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.

SIGNATURE **D. LAWSON, PRES.**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PRES.**  
**DENIS LAWSON**  
**14499 SW 112th Cir**  
**DUNNELLON, FL. 34432**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SEC, PRES.**  
**RHODA LAWSON**  
**14499 SW 112th Cir**  
**DUNNELLON, FL. 34432**

☐ Delete

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☐ 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: **D. LAWSON, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-28-01 352-237-7924**

CR2E034 (10/00)