

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000112684

1. Entity Name

JAMES A. LAWSON ARCHITECT, INC.



FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90114 004 ***550.00

0091075 AV

Principal Place of Business

414 SEASAGE DR

NO. 8

DELRAY BEACH FL 33483

Mailing Address

414 SEASAGE DR

NO. 8

DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058438

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

LAWSON, JAMES A

414 SEASAGE DR

NO. 8

DELRAY BEACH FL 33483

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
P
LAWSON, JAMES A
414 SEASAGE DR #8
DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

561-274-8262

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

JAMES A LAWSON ARCHITECT, INC

① 9-03 ①

414 SEASAGE DRIVE • #8 • DELRAY BEACH, FLORIDA 33483 • WEST PALM BEACH
Phone 561-274-8262

90146294

P00000112684

July 21, 2003

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed please find my Uniform Business Report for 2003 which I filed late. I am enclosing a check for \$550.00 as stated; however I do ask that this penalty be abated. I do not dispute that I am late in filing; only that I was under the false impression that I had filed the report in the early part of the year only to realize it was the 2002 that I filed and not the 2003. Please take this into consideration, rest assured that I will make this payment timely for all future filings. Thank you in advance for your consideration in this matter.

Sincerely,

