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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-20-2002 90060 036 ***150.00

DOCUMENT # P01000007719

1. Entity Name

LAWRIS & JAYBER INC.

Principal Place of Business

7472 WENTWORTH DR.
LAKE WORTH FL 33467

Mailing Address

7472 WENTWORTH DR.
LAKE WORTH FL 33467

2. Principal Place of Business

7472 Wentworth Drive

Suite, Apt. #, etc.

3. Mailing Address

7472 Wentworth Drive

Suite, Apt. #, etc.

City & State

Lake Worth Florida

City & State

Lake Worth FL

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

6. Name and Address of Current Registered Agent

SCOTT, MARCIA

7472 WENTWORTH DR.
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

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, 2002 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 ☐ Delete

NAME Vincent Scott President
 STREET ADDRESS 7472 Wentworth Drive
 CITY-ST-ZIP Lake Worth FL 33467

TITLE ☐ Delete

NAME MARCIA SCOTT Vice President
 STREET ADDRESS 7472 Wentworth Dr
 CITY-ST-ZIP Lake Worth FL 33467

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

MARCIA SCOTT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

432-5259

Daytime Phone #

CR2E034 (9/01)