

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000067558

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: LAWANA HARVEY, INC.

## Current Principal Place of Business:

709 S 5TH ST.  
MACCLENNY, FL 32063

## New Principal Place of Business:

709 S 6TH ST.  
MACCLENNY, FL 32063

## Current Mailing Address:

709 S 5TH ST.  
MACCLENNY, FL 32063

## New Mailing Address:

709 S 6TH ST.  
MACCLENNY, FL 32063

FEI Number: 59-3748245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARVEY, LAWANA  
RT 1 BOX 140  
SANDERSON, FL 32087 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARVEY, LAWANA  
Address: 709 S 5TH ST.  
City-St-Zip: MACCLENNY, FL 32063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: HARVEY, LAWANA  
Address: 709 S 6TH ST.  
City-St-Zip: MACCLENNY, FL 32063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWANA HARVEY

P

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date