

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

04-30-2002 90042 019 ***150.00

DOCUMENT # P01000083380

1. Entity Name
MOM, POP & SONS, INC.

Principal Place of Business
PO BOX 1247
SAN ANTONIO FL 33576-1247

Mailing Address
PO BOX 1247
SAN ANTONIO FL 33576-1247

34913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11451 Bellamy Brothers Blvd
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 128
 Suite, Apt. #, etc.
DADE CITY

City, State
DADE CITY

City, State
FLA.

4. FEI Number
03-1451-613

Applied For
 Not Applicable

Zip
33525

Country
PASCO

Zip
33525

Country
PASCO

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEWLON, JONATHAN W
13815 US 98 BYPASS
DADE CITY FL 33525

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 restatebng)

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 **D** ☐ Delete
 NAME **LAWRENCE, WAYNE**
 STREET ADDRESS **PO BOX 1247**
 CITY-ST-ZIP **SAN ANTONIO FL 33576-1247**

TITLE **D** ☐ Delete
 NAME **LAWRENCE, KATHLEEN**
 STREET ADDRESS **PO BOX 1247**
 CITY-ST-ZIP **SAN ANTONIO FL 33576-1247**

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
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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:

Kathleen Lawrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN LAWRENCE
 Date

4-15-02

352-588-4343

CR2E034 (9/01)