

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90129 026 ***158.75

DOCUMENT # P01000097761

1. Entity Name
DISABILITY APEX, INC.

Principal Place of Business

**PO BOX 180549
TALLAHASSEE FL 32318-0549**

Mailing Address

**PO BOX 180549
TALLAHASSEE FL 32318-0549**

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

59-3747222

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

**LAWRENCE, LISA CLARKE
5230 WATER VALLEY DR.
TALLAHASSEE FL 32303**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, LISA CLARKE**
CITY-ST-ZIP **5230 WATER VALLEY DR.
TALLAHASSEE FL 32303**

TITLE ☒ Change ☐ Addition
NAME **P, S**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAWRENCE, CHARLES W**
CITY-ST-ZIP **5230 WATER VALLEY DR.
TALLAHASSEE FL 32303**

TITLE ☒ Change ☐ Addition
NAME **VP, T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Signature of Lisa Clarke Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02 (850) 877-5081
Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # P01000097761
975908

August 9, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Tardy UBR Form
Doc. #: P01000097761

To Whom it May Concern:

I am writing this letter regarding the late receipt of our UBR form. I left on vacation for the summer wondering if we had received our Uniform Business Report form. Upon arrival back in the country we received, what appeared to be, a second UBR form stating that the amount owed was \$550.00 for a late fee. On July 8th of this year, I contacted the Division of Corporations and spoke with Madeline at about 9:45AM. I informed her that an initial form was never received. She instructed me to write a letter and attach a check for the amount of \$150.00 with the UBR form, as we never received the first one.

So attached please find the necessary information to bring our status to a current state. If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,



Lisa Clarke Lawrence
President
Phone: 850-877-5081
Fax: 850-671-3488
E-mail: disabilityapex@hotmail.com

LCL/cl.

Enclosures

GROUP 1 EXCLUDED FROM AUTOMATIC DECLASSIFICATION
DATE 01-01-2001 BY 60322 UCBAW/STW