

# 2002 UNIFORM BUSINESS REPORT (UBR)

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.

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAWRENCE, LISA CLARKE 5230 WATER VALLEY DR. TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P, S</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAWRENCE, CHARLES W 5230 WATER VALLEY DR. TALLAHASSEE FL 32303</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP, T</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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: *Disability Apex, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 14/02

Attachment  
SAC # P01000097761  
975907

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 8<sup>th</sup> 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,

Jessie Clarke Lawrence

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

LCL/cl.

## Enclosures