

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90279 008 \*\*\*150.00

**DOCUMENT # P01000105575**

1. Entity Name  
**KEITH LAWSON SERVICES, INC.**

Principal Place of Business

**2481 LUTEN RD.  
 QUINCY FL 32351**

Mailing Address

**2481 LUTEN RD.  
 QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3754781**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32352**

**32352**

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

**TAYLOR, E. LAMAR  
 227 S. CALHOUN ST.  
 TALLAHASSEE FL 32301**

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 **DPST**  
 STREET ADDRESS **LAWSON, KEITH O II**  
 CITY-ST-ZIP **2481 LUTEN RD.  
 QUINCY FL 32351**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 **KEITH O. LAWSON, II** 7-31-02 850-545-2195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

August 1, 2002

Keith Lawson Services, Inc.  
Keith O. Lawson, II  
2481 Luten Rd.  
Quincy, FL. 32352  
850-562-2600 ext. 18

# PG1000105575  
123544

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

Re: Keith Lawson Services, Inc.

To whom it may concern:

This letter is to inform you that Keith Lawson Services, Inc. did not receive notice that the Uniform Business Report was due until mid July 2002. I have enclosed a check in the amount of \$150.00 for the original filing fee.

Sincerely,

Keith O. Lawson, II  
President