

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90211 002 ***150.00

DOCUMENT # P02000013978

1. Entity Name

Lawson Home Improvement, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

681 Hermits Cove

Suite, Apt. #, etc.

3. Mailing Address

681 Hermits Cove

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

Zip

32701

Country

U.S.

City & State

Altamonte Springs, FL

Zip

32701

Country

U.S.

4. FEI Number

80-0029978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas W. Lawson

Street Address (P.O. Box Number is Not Acceptable)

681 Hermits Cove

City

Altamonte Springs

FL

Zip Code

32701

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Thomas W. Lawson
STREET ADDRESS 681 Hermits Cove
CITY-ST-ZIP Altamonte Springs, FL 32701

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)