

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 038 ***158.75

DOCUMENT # P02000024712

1. Entity Name
JEFF LAWSON CONSTRUCTION, INC.



Principal Place of Business
4455 W. 19TH STREET
4
PANAMA CITY FL 32405

Mailing Address
4455 W. 19TH STREET
4
PANAMA CITY FL 32405

2. Principal Place of Business
337 Sundial St.
Suite, Apt. #, etc.

3. Mailing Address
337 Sundial St.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY BEACH FL
Zip Country
32413 BAY

City & State
PANAMA CITY BEACH FL
Zip Country
32413 BAY

4. FEI Number
74-3030930
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

LAWSON, JEFFERY M
4455 W. 19TH STREET
4
PANAMA CITY FL 32405

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 Jeff Lawson
Signature, typed or printed name of registered agent and title if applicable.

Jeff Lawson, President 4/28/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LAWSON, JEFFERY M**
STREET ADDRESS **4455 W 19TH STREET**
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☒ Change ☐ Addition
NAME **337 Sundial Street**
STREET ADDRESS **Panama City Beach, FL 32413**
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **RADFORD, SEAN C**
STREET ADDRESS **2715A REDWOOD STREET**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)