FILED
Jun 09, 2003 8:00 am
Secretary of State
04-28-2003 90279 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

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[redacted]

DOCUMENT # P02000071927

1. Entity Name
LAWAC REALTY GROUP, INC.

Principal Place of Business	Mailing Address
104 CHURCH STREET KISSIMMEE FL 34741-5055	104 CHURCH STREET KISSIMMEE FL 34741-5055

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5728 Major Blvd	5728 Major Blvd
Suite, Apt. #, etc. Suite 185	Suite, Apt. #, etc. Suite 185
City & State Orlando FL	City & State Orlando FL
Zip 32819 Country USA	Zip 32819 Country USA

4. FEI Number 20-0012906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRIAN MICHAEL MARK, P.A.
104 CHURCH STREET
KISSIMMEE FL 34741-5055

7. Name and Address of New Registered Agent
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CAWAL, MAX 922 CHAUNCEY COURT OCOEE FL 34761 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5728 Major Blvd Suite 185 Orlando FL 32819 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Bennet H. Grutman 5728 Major Blvd Suite 185 Orlando FL 32819 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #