

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90120 042 ***150.00

DOCUMENT # P02000095577

1. Entity Name
LAWSON'S FINE THINGS, INC



Principal Place of Business
**3365 NW BLITCHTON ROAD
OCALA FL 34475**

Mailing Address
**3365 NW BLITCHTON ROAD
OCALA FL 34475**

2. Principal Place of Business

3365 NW Blitchton Rd

3. Mailing Address

3365 NW Blitchton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34475

Country

US

Zip

34475

Country

US

4. FEI Number

04-3709859

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAWSON, CINDY E
20073 QUAIL RUN DRIVE
DUNNELLON FL 34432**

7. Name and Address of New Registered Agent

Name **Cindy E Lawson**
Street Address (P.O. Box Number is Not Acceptable)
19650 Fox Trail
City **Dunnellon** FL Zip Code **34432**

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 **Cindy E Lawson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

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

TITLE **P** ☐ Delete
NAME **LAWSON, CINDY E**
STREET ADDRESS **20073 QUAIL RUN DRIVE**
CITY-ST-ZIP **19650 Fox Trail
DUNNELLON FL 34432**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Cindy E Lawson**
STREET ADDRESS **19650 Fox Trail**
CITY-ST-ZIP **Dunnellon FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

3526290711

Date

Daytime Phone #

CR2E034 (10/02)