FILED
Mar 17, 2003 8:00 am
Secretary of State
01-15-2003 90298 050 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111861

1. Entity Name
JOHN LAWSON, INC.

Principal Place of Business
~~18154 MORRISON ST.~~ 3745 Rogers Industrial
~~GROVELAND FL 34736~~ Okahumpka, FL 34762

Mailing Address
CR 141 BOX 4797
WILDWOOD FL 34785

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3745 Rogers Industrial		CR 141 Box 4797	
Suite, Apt. #, etc.: Okahumpka		Suite, Apt. #, etc.: Wildwood	
City & State: Florida		City & State: Florida	
Zip: 34762	Country: USA	Zip: 34785	Country: USA

4. FEI Number: 01-0745319 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAWSON, JOHN
~~18154 MORRISON ST.~~ 3745 Rogers Industrial Pkwy or
~~GROVELAND FL 34736~~ Okahumpka, FL 34762

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 John Lawson Pres
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAWSON, JOHN ~~18154 MORRISON ST.~~ 3745 Rogers Ind. PK ~~GROVELAND FL 34736~~ Okahumpka, FL 34762	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 John Lawson Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #