

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 033 ***150.00

DOCUMENT # P02000114475

1. Entity Name

LAWTON-WELLINGTON COLLECTIBLES, INC.



Principal Place of Business

**7799 NILE RIVER ROAD
WEST PALM BEACH FL 33411-5772**

Mailing Address

**7799 NILE RIVER ROAD
WEST PALM BEACH FL 33411-5772**

2. Principal Place of Business

2000 N. FLORIDA MANGO

3. Mailing Address

SAME

Suite, Apt. #, etc.

107A

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33409

Country

USA

Zip

Country

4. FEI Number

02-0650173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

ROBERT J. GARDNER, CPA

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

11891 US HWY 1 STE 101

City

NORTH PALM BEACH

FL

Zip Code

33408

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, the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
GUNN, WILLIAM G
7799 NILE RIVER ROAD
WEST PALM BEACH FL 33411-5772**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

2-23-03

Date

Daytime Phone #

CR2E034 (10/02)