

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90288 017 ***150.00

0606367 AV

DOCUMENT # P02000123139

1. Entity Name
LWS CONTRACTING, INC.



Principal Place of Business
6877 US 441 SE
OKEECHOBEE FL 34974-9510

Mailing Address
6877 US 441 SE
OKEECHOBEE FL 34974-9510



2. Principal Place of Business
6489 Hwy 441 SE
Suite, Apt. #, etc.

3. Mailing Address
6489 Hwy 441 SE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
06-1662119

Applied For
Not Applicable

Zip Country

Zip Country

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

SMITH, LAWRENCE W
6877 US 441 SE
OKEECHOBEE FL 34974-9510

Name **Lawrence W. Smith**
Street Address (P.O. Box Number is Not Acceptable)
6489 Hwy 441 SE
City **Okeechobee** FL Zip Code **34974**

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 **Corinne J. Smith**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SMITH, LAWRENCE W**
STREET ADDRESS **6877 US 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974-9510**

TITLE ☒ Change ☐ Addition
NAME **6489 Hwy 441 SE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SMITH, LAWRENCE W II**
STREET ADDRESS **6877 US 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974-9510**

TITLE ☒ Change ☐ Addition
NAME **6489 Hwy 441 SE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **SMITH, CORINNE J**
STREET ADDRESS **6877 US 441 SE**
CITY-ST-ZIP **OKEECHOBEE FL 34974-9510**

TITLE ☒ Change ☐ Addition
NAME **6489 Hwy 441 SE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Corinne J. Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-357-2403

CR2E034 (10/02)