

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90004 011 ***150.00

0007411

DOCUMENT # P93000060451

1. Entity Name

LAWTON'S BRITISH PUB, INC.

Principal Place of Business

2842 S RIDGEWOOD AVE
SOUTH DAYTONA FL 32119
US

Mailing Address

1313 NORTH WEMBLEY CIRCLE
PORT ORANGE FL 32124

2. Principal Place of Business

3. Mailing Address

2109 SPRINGWATER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

4. FEI Number 59-3203339

Applied For

Not Applicable

Zip

Country

Zip

32124

Country

VOLUSIT

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

LIPMAN, EDWARD
1313 N WEMBLEY CIRCLE
PORT ORANGE FL 32124

Name

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

2109 SPRINGWATER LANE

City DAYTONA BEACH

FL

Zip Code

32124

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.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LIPMAN, EDWARD
STREET ADDRESS 1313 NORTH WEMBLEY CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE P
NAME LIPMAN EDWARD ☒ Change ☐ Addition
STREET ADDRESS 2109 SPRINGWATER LANE
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE VP
NAME LIPMAN, JACQUELINE
STREET ADDRESS 1313 NORTH WEMBLEY CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32124 ☐ Delete

TITLE VP
NAME LIPMAN JACQUELINE ☒ Change ☐ Addition
STREET ADDRESS 2109 SPRINGWATER LANE
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE LIPMAN

Date

Daytime Phone #

4-2-01 386 7618613

CR2E034 (10/00)