

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91503 016 ***150.00

0466942 AV

DOCUMENT # P94000010477

1. Entity Name
PROMATRIX CORPORATION



Principal Place of Business

**5364 EHRlich ROAD
SUITE 370
TAMPA FL 33624
US**

Mailing Address

**5364 EHRlich ROAD
SUITE 370
TAMPA FL 33624
US**

2. Principal Place of Business

**5364 Ehrlich Road
Suite 370**

Tampa, FL

33624 USA

3. Mailing Address

**5364 Ehrlich Road
Suite 370**

Tampa, FL

33624 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3224198**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAWSON, JOSEPH E
5103 LANAI WAY
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Same as current**

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

**Joseph E. Lawson
President**

4/20/03

(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 **P** ☐ Delete
NAME **LAWSON, JOSEPH E**
STREET ADDRESS **5103 LANAI WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ Delete
NAME **SMITH, STEVEN E**
STREET ADDRESS **5364 EHRlich ROAD STE. 370**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **STV** ☐ Delete
NAME **LAWSON, LISA M.**
STREET ADDRESS **5103 LANAI WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Joseph E. Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)