

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90089 026 \*\*\*150.00

00016275



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000092356**

1. Entity Name

**LAWTON BROTHERS PAINTING, INC.**

Principal Place of Business

Mailing Address

**802 FLORIDA BOULEVARD  
 ALTAMONTE SPRINGS FL 32701**

**802 FLORIDA BOULEVARD  
 ALTAMONTE SPRINGS FL 32701-2718**

2. Principal Place of Business

**2301 Peel Ave**

Suite, Apt. #, etc.

3. Mailing Address

**2301 Peel Ave**

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

Zip  
**32806**

Country  
**USA**

City & State

**ORLANDO FL**

Zip

**32806**

Country

**USA**

4. FEI Number

**59-3288117**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LAWTON, THAN  
 802 FLORIDA BLVD.  
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **LAWTON, MIKAL**

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

**2301 Peel Ave**

City **ORLANDO**

**FL**

Zip Code  
**32806**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>LAWTON, MIKAL</b>	
STREET ADDRESS	<b>802 FLORIDA BOULEVARD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>LAWTON, THAN</b>	
STREET ADDRESS	<b>802 FLORIDA BOULEVARD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SICILIA RECMIKAL LAWTON PD**

Date

Daytime Phone #

**2-1-00 407-857-6222**