

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90053 019 ***550.00

DOCUMENT # P95000032284

1. Entity Name
LAWRENCE CONSULTING, INC.

Principal Place of Business 14051 SHOAL DRIVE HUDSON FL 34667 US	Mailing Address 14051 SHOAL DRIVE HUDSON FL 34667 US
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2. Principal Place of Business 3427 HILLMOOR DR Suite, Apt. #, etc.	3. Mailing Address 3427 HILLMOOR DR Suite, Apt. #, etc.
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City & State PALM HARBOR FL	City & State PALM HARBOR FL
Zip 34685	Zip 34685
Country FLORIDA	Country FLORIDA

4. FEI Number **59-3316206** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LAWRENCE, FRANK A
 14051 SHOAL DRIVE
 HUDSON FL 34667**

7. Name and Address of New Registered Agent
 Name **LAWRENCE, SUSAN J**
 Street Address (P.O. Box Number is Not Acceptable)
3427 HILLMOOR DRIVE
 City **PALM HARBOR FL** Zip Code **34685**

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  **(SUSAN J. LAWRENCE)** **08/25/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LAWRENCE, FRANK A 14051 SHOAL DR HUDSON FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWRENCE, SUSAN J 3427 HILLMOOR DRIVE PALM HARBOR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAWRENCE SUSAN J 3427 HILLMOOR DR PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **SUSAN J. LAWRENCE (PSD)** **08/25/00** **(727) 787-7997**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)