2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000032284

1. Entity Name

LAWRENCE CONSULTING, INC.

Principal Place of Business	Mailing Address
14051 SHOAL DRIVE HUDSON FL 34667 US	14051 SHOAL DRIVE HUDSON FL 34667 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3427 HILLMOOR DR Suite, Apt. #, etc.	3427 HILLMOOR DR Suite, Apt. #, etc.
City & State: PALM HARBOR FL	City & State: PALM HARBOR FL
Zip: 34685 Country: PINELLAS	Zip: 34685 Country: PINELLAS

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	7. Name and Address of New Registered Agent
LAWRENCE, FRANK A 14051 SHOAL DRIVE HUDSON FL 34667	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: LAWRENCE, FRANK A STREET ADDRESS: 14051 SHOAL DR CITY-ST-ZIP: HUDSON FL	☒ Delete	TITLE: PSD NAME: LAWRENCE SUSAN J STREET ADDRESS: 3427 HILLMOOR DR CITY-ST-ZIP: PALM HARBOR FL 34685	☒ Change □ Addition
TITLE: V NAME: LAWRENCE, SUSAN J STREET ADDRESS: 3427 HILLMOOR DRIVE CITY-ST-ZIP: PALM HARBOR FL	□ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Change □ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Change □ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Change □ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Change □ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	□ Change □ Addition

CR2E034 (5/00)

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 7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #