

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-23-2000 90258 042 ***150.00

DOCUMENT # P98000052032

1. Entity Name

JON LAWTON, INC.

R

Principal Place of Business

**3623 NE SANDRA DRIVE
 JENSEN BEACH FL 34957**

Mailing Address

**3623 NE SANDRA DRIVE
 JENSEN BEACH FL 34957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAWTON, JON
 3623 NE SANDRA DRIVE
 JENSEN BEACH FL 34957**

*2382 NE MARLBERRY LN
 Jensen Beach FL
 34957*

Name

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.

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 \$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 ☐ Delete

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 LAWTON, JON
 3623 NE SANDRA DRIVE
 JENSEN BEACH FL 34957**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000052032**

1. Entry Name

JON LAWTON, INC.**2382 NE MARLBERRY LN.
JENSEN BEACH, FL. 34957****107061**

Principal Place of Business

Mailing Address

**2623 NE SANDRA DRIVE P.O. BOX 224
JENSEN BEACH FL 34958****2623 NE SANDRA DRIVE P.O. BOX 224
JENSEN BEACH FL 34958**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

LAWTON, JON**2623 NE SANDRA DRIVE P.O. BOX 224
JENSEN BEACH FL 34958 2382 NE MARLBERRY LN
Jensen Beach FL 34957**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	LAWTON, JON	
STREET ADDRESS	2623 NE SANDRA DRIVE P.O. BOX 224	
CITY-ST-ZIP	JENSEN BEACH FL 34958	

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

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SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATING TIME

P98000052032

107061

Form **SS-4****Application for Employer Identification Number**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

JON LAWTON

2 Trade name of business (if different from name on line 1)

JON LAWTON Inc.

3 Executor, trustee, "care of" name

JON LAWTON

4a Mailing address (street address) (room, apt., or suite no.)

2382 NE MARLBERRY LANE

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

JENSEN BEACH FL 34957

5b City, state, and ZIP code

6 County and state where principal business is located

MARTIN FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ JON LAWTON
019 46 8471

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ▶ S corporation☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶ Construction related Fields☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

September 1, 1999

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year).
first be paid to nonresident alien. (month, day, year)

Note: If applicant is a withholding agent, enter date income will

▶ NO EMPLOYEES

13 Highest number of employees expected in the next 12 months.
expect to have any employees during the period, enter -0- (see instructions)

Note: If the applicant does not

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ▶ General Contractor - Construction related

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☐ Yes☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade names shown on prior application, if different from line 1.

Legal name ▶

Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

7/28/00

City and state where filed

Jensen Beach Florida

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(561) 334-9887

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

JON LAWTON (President)

Signature ▶

Jon Lawton

Date ▶

7/28/00

Note: Do not write below this line. For official use only.

Please leave
blank ▶

Geo.

Ind.

Class

Size

Reason for applying