

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000073021**1. Entity Name  
JALAWRENCE, INC.**Principal Place of Business**

7930 BAY POINTE DR., #C41

TAMPA  
33615

FL

**Mailing Address**

7930 BAY POINTE DR., #C41

TAMPA  
33615

FL

**2. Principal Place of Business**

8513 MANASSAS ROAD

**3. Mailing Address**

8513 MANASSAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA

FL

**City & State**

TAMPA

FL

**4. FEI Number**

59-3565684

Applied For

Not Applicable

Zip  
33635

Country

Zip  
33635

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**LAWRENCE JONATHON  
7930 BAY POINTE DR., #C41TAMPA  
33615

FL

**7. Name and Address of New Registered Agent****Name**

LAWRENCE JONATHON

Street Address (P.O. Box Number is Not Acceptable)  
8513 MANASSAS ROADCity  
TAMPA

FL

Zip Code  
33635

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)

04/30/2001

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	LAWRENCE LUCINDA	
STREET ADDRESS	7930 BAY POINTE DR., #C41	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWRENCE JONATHON	
STREET ADDRESS	7930 BAY POINTE DR., #C41	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE LUCINDA	
STREET ADDRESS	8513 MANASSAS ROAD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE JONATHON	
STREET ADDRESS	8513 MANASSAS ROAD	
CITY-ST-ZIP	TAMPA FL 33635	
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:** Jonathon Lawrence

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)