

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076319

1. Entity Name

ROBERT M. LAWHON CONSTRUCTION, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90064 049 ***150.00

Principal Place of Business

2026 LARCHMONT LN.
TALLAHASSEE FL 32311
US

Mailing Address

2026 LARCHMONT LN.
TALLAHASSEE FL 32311
US

2. Principal Place of Business

9912 Wimpole Lane
Suite, Apt. #, etc.

3. Mailing Address

9912 Wimpole Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32310

Country

Leon

Zip

32310

Country

Leon

4. FEI Number

59-2507996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWHON, JEANETTE P

~~2026 LARCHMONT LN.~~
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

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

9912 Wimpole Lane

City

Tallahassee,

FL

Zip Code

32310

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, 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 DPT
NAME LAWHON, ROBERT M ☐ Delete
STREET ADDRESS ~~2026 LARCHMONT LN.~~
CITY-ST-ZIP TALLAHASSEE FL ~~32311~~

TITLE DV
NAME LAWHON, BRENT ☐ Delete
STREET ADDRESS 2026 LARCHMONT LN.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE DPT
NAME LAWHON, DEREK ☐ Delete
STREET ADDRESS 2026 LARCHMONT LN.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Lawhon, Robert M. ☒ Change ☐ Addition
NAME
STREET ADDRESS 9912 Wimpole Lane
CITY-ST-ZIP Tallahassee, FL 32310

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

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

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)