

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90100 033 ***150.00

DOCUMENT # S94292

1. Entity Name

LAWHON ENTERPRISES INC

Principal Place of Business

Mailing Address

PALM BEACH BLVD.

4901 PALM BEACH BLVD.

84

STE 84

FT. MYERS FL 33905

FT. MYERS FL 33994-0248

US

2. Principal Place of Business

3. Mailing Address

18281 Durranee Rd.

P.O. Box 50248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers FL.

Fort Myers FL.

Zip

Country

Zip

Country

33917

Lee

33994

Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

LAWHON, LAWLON K.

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

18281 Durranee Rd.

City

FT. MYERS

FL

Zip Code

33917

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

Ken Lawhon

Ken Lawhon

4-25-00

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 \$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 ☐ Delete

NAME **D LAWHON, LAWLON K.**

STREET ADDRESS **4901 PALM BCH BLVD #84**

CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **D LAWHON, LAWLON K.**

STREET ADDRESS **18281 Durranee Rd.**

CITY-ST-ZIP **Fort Myers FL 33917**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Ken Lawhon

Ken Lawhon

4-25-00

941-694-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)