

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90034 009 \*\*\*150.00

DOCUMENT # V20905

1. Entity Name

J.V. LAWRENCE, INC.

Principal Place of Business

Mailing Address

MUIR CIRCLE  
TRACE  
PALM EBACH FL 33414

C/O PHILIP DUCHATELLIER  
1972 BYRON AVE.  
ELMONT NY 11003-4100  
US

2. Principal Place of Business

12773 W. FOREST HILL

Suite, Apt. #, etc.

SUITE # 1201

City & State

WELLINGTON, FL

Zip

33414

Country

US

3. Mailing Address

103 BUTTWOOD DR

Suite, Apt. #, etc.

City & State

DIX HILLS NY

Zip

11746

Country

US

4. FEI Number

65-0371662

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

Name

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

City

FL

Zip Code

THE PRENTICE HALL CORPORATION SYSTEM INC  
1201 HAYES STR.  
STE. 105  
TALLAHASSEE FL 32301

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, 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

TITLE **P** ☐ Delete  
NAME **JACKSON, VIRGIE L**  
STREET ADDRESS **2491 MUIR CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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:

*Virgie L Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Date

Daytime Phone #

CR2E034 (9/99)