2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR V67087 **DOCUMENT#**

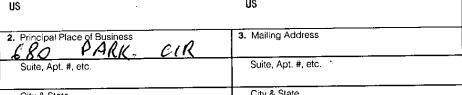
1. Entity Name



LAWRENCE ENTERPRISES, INC.

Principal Place of Business 1423 9TH AVENUE EAST **BRADENTON FL 34208**

Mailing Address 680 PARK CIRCLE **BRADENTON FL 34207**



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90287 032 ***150.00



2. Principal Place of Business ### CLR Suite, Apt. #, etc.		Suite, Apt. #, etc.						
				CHECK HERE IF MAKING CHANGES				
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		4. FE	El Number 65-0359161	Ap	plied For	
BRADENTON, FL					03 0333 10 1	No	t Applicable	
Zip Ch 4 \	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent		7. Na	ame and Address of New Registered	Agent		
				Name				
GATES, LAWRENCE M PRES 680 PARK CIR BRADENTON FL 34207			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
· · · · · · · · · · · · · · · · · · ·			City		FI			
the obligat	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00	And title if applicable. (NO	S registered office of regi		9. Election Campaign Financing	<u>03</u> _ \$5.0	00 May Be	
After Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State			Trust Fund Contribution.		to Fees	
10.	** OFFICERS AN	D DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, LAWRENCE M 680 PARK CIRCLE BRADENTON FL 34207	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME ,. STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the state of t	to success in the second secon	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		Delete	TITLE			☐ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP