

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90143 039 ***150.00

DOCUMENT # V72125

1. Entity Name
LAWRENCE THERAPY SERVICES, INC.

Principal Place of Business
**1035 JACARANDA CIR
ROCKLEDGE FL 32955
US**

Mailing Address
**1035 JACARANDA CIR
ROCKLEDGE FL 32955
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3146174**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAWRENCE, MICHAEL DAVID
1035 JACARANDA CIR
ROCKLEDGE FL 32955**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWRENCE, MARGARET C
1035 JACARANDA CIR
ROCKLEDGE FL** ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Margaret C Lawrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 *321-1639-3481*
Date Daytime Phone #

CR2E034 (4/02)

To Whom It May Concern, ATTACHMENT 8/26/02

Re: Lawrence Therapy Services #V72125
59-3146174 124512

Waiver of Late Fee

As President of Lawrence Therapy Services, Inc., I have always paid UBR Report Fees on time. This year, the cause of this lateness is that I only received the second notice. I did not receive the first notice asking for payment prior to May 1, 2002. Please look back at my record to see my prior promptness and please waive this late fee.

Sincerely,

Margaret C Lawrence

Margaret C. Lawrence
President