

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55072

Entity Name: ELIZABETH LAWSON INSURANCE, INC.

Current Principal Place of Business:

5519 PARK ST N
ST PETERSBURG, FL 33709

Current Mailing Address:

5519 PARK ST N
ST PETERSBURG, FL 33709 US

FEI Number: 65-0090351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWSON, ELIZABETH V
5519 PARK ST N
ST PETERSBURG, FL 33709 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PST
Name LAWSON, ELIZABETH V
Address 5519 PARK ST N
City-State-Zip: ST PETERSBURG FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH LAWSON

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date