

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90036 026 ***150.00

DOCUMENT # P98000018142

1. Entity Name
LEW BEACH COMPANY

Principal Place of Business Mailing Address
~~152 ROSE VALLEY DRIVE~~ ~~P.O. BOX 10~~
~~TOWNSEND DE 19734~~ ~~TOWNSEND DE 19734~~

00033426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
16924 Silver Shores LN **16924 Silver Shores Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.
ODESSA, Florida

City & State City & State
Odessa, FL

4. FEI Number Applied For
59-3501145 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
33556 **Hillsborough** **33556** **Hillsborough**

6. Name and Address of Current Registered Agent
PREVATT, KAREN J ESQ.
201 N. FRANKLIN STREET
SUITE 2505
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
KAREN J. PREVATT, ESQ
Street Address (P.O. Box Number is Not Acceptable)
201 N. FRANKLIN STREET
SUITE 1700
City State Zip Code
TAMPA **FL** **33602**

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 *Karen J Prevatt* DATE 3-7-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MAGHAN, EDGAR JR. PO BOX 727 ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MALLOY, JOHN J 16924 SILVER SHORES LN ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John J. Malloy 16924 Silver Shores Lane Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Helen F. Malloy 16924 Silver Shores Lane Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Malloy* Date 3/7/01 Daytime Phone # 813-920-8602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)