2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09138

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90168 034 ***150.00

1. Entity Name

LEWIS ENGINEERING & CONSULTING, INC.

Principal Place of Business	Mailing Address
6712-1 N.W. 18TH DRIVE GAINESVILLE FL 32606	6712-1 N.W. 18TH DRIVE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2106 NW 67th Place	2106 NW 67th Place
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32653 / Country: USA	Zip: 32653 / Country: USA

4. FEI Number 59-3031061 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RICHARD, O.
6712-1 N.W. 18TH DRIVE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: Richard O. Lewis
Street Address (P.O. Box Number is Not Acceptable): 2106 NW 67th Place, Suite 2
City: Gainesville, **FL** Zip Code: 32653

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: Richard O. Lewis [signature] DATE: 4-10-00
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. (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

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	P	ST				
NAME	LEWIS, RICHARD O.	LEWIS, JUDY S.				
STREET ADDRESS	3611 N.W. 23RD PLACE	3611 N.W. 23RD PLACE				
CITY-ST-ZIP	GAINESVILLE FL	GAINESVILLE FL				
Delete	☐	☐	☐	☐	☐	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry 1	Entry 2	Entry 3	Entry 4	Entry 5	Entry 6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
Change / Addition	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐

CR2E034 (9/99)

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: [signature] Judy S. Lewis 4/10/00 (352)375-7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #