

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 117721

1. Entity Name

A M. LEWIS, INCORPORATED

Principal Place of Business

Mailing Address

P. O. Box 2523

Panama City, FL 32402

Same

2. Principal Place of Business

P. O. Box 2523

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2523

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32402

Country

USA

Zip

32402

Country

USA

4. FEI Number

59-0331900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Joe F. Moore

1200 West Beach Drive

Panama City, Florida 32401

7. Name and Address of New Registered Agent

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P/D	Joe F. Moore	1200 W. Beach Dr.	P.C. FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V/D	Eleanor W. Lewis	715 Buena Vista Blvd.	P.C. FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V/D	Jean W. Lewis	815 Buena Vista Blvd.	P. C. FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	Nancy L. Moore	1200 W. Beach Dr.	P. C. FL 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	Carol Jean Wheeler	P. O. Box 2523	Panama City, Florida 32401	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AS	Geri Castriotta	701 Redbird Lane	Lynn Haven, FL 32444	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Joe F. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 850-785-7174
Date Daytime Phone #

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90066 023 ***150.00

00061328

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)