

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 253046

1. Entity Name

LEWIS MARINE SUPPLY OF CENTRAL FLORIDA, INC.

Principal Place of Business

636 CLEARLAKE RD
COCOA FL 32922
US

Mailing Address

P.O. BOX 3326
COCOA FLA 32924-3326

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P O BOX 21107

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33335-1107

Country

4. FEI Number

59-0940727

Applied For

Not Applicable

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

LEWIS, STEPHEN R
220 SW 32ND STREET
FT. LAUDERDALE FL 33315

Name

JOHN E. STEPHENS

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

220 S W 32ND STREET

City

FT. LAUDERDALE

FL

Zip Code

33315

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

John E. Stephens

JOHN E. STEPHENS

3/27/00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, STEPHEN R	
STREET ADDRESS	220 SW 32ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEWIS, JAMES R JR	
STREET ADDRESS	220 SW 32ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLEMAN, CAROLYN E	
STREET ADDRESS	220 SW 32ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRAM, SANDRA L	
STREET ADDRESS	220 SW 32ND STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEWIS, ALICE O	
STREET ADDRESS	220 SW 32ND ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Carolyn E. Coleman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN E. COLEMAN

3/27/00

(954) 767-1261

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90077 030 ***150.00

CR2E034 (9/99)